

# NORTH DAKOTA MEDICAID DME FEE SCHEDULE



Medical Services  
North Dakota Department of Human Services  
600 E Boulevard Ave, Dept 325  
Bismarck, ND 58505

October 2004

Key	
C	Covered
N/C	Non-covered
RR	Rental
P	Purchase
A	Acquisition cost -- what the supplier actually pays, including discounts, group rated, etc. This is not wholesale
I	Invoice required

Key	
By Report	Covered at this time, price to be determined later for flat fee
mo/m	Month
PH	Covered and paid via the pharmacy program
Q	Every
SM	See manual
Limited	Covered, determining a flat fee at a later time

DME HCPCS Code	HCPCS Code Description	Service End Date	ND Medicaid Fee Schedule (Purchase)	ND Medicaid Fee Schedule (Rental)	Quantity Allowed	C=Covered, N=non-Covered, R=rental
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH		\$0.30			C
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH		\$0.30			C
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH		\$0.40			C
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER		\$7.50			C
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH		\$0.40			C
A4214	STERILE SALINE OR WATER, 30 CC VIAL		\$0.80			C
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH		\$0.20			C
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP		\$40.00			C
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUGSEPARATELY)		\$24.37			C
A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGSEPARATELY)		\$48.35			C
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE		\$10.00			C
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC		\$2.86			C
A4244	ALCOHOL OR PEROXIDE, PER PINT		\$0.00			N/C
A4245	ALCOHOL WIPES, PER BOX		\$0.00			N/C
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT		\$0.00			N/C
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX		\$0.00			N/C
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50STRIPS		\$46.14		4	C
A4254	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOODGLUCOSE MONITOR OWNED BY PATIENT, EACH		\$8.00		1	C
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX		\$0.00			N/C
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS		\$6.48		1	C
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH		\$0.00			N/C
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH		\$9.00		1	C
A4259	LANCETS, PER BOX OF 100		\$9.34		3	C
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH		\$0.00			N/C
A4265	PARAFFIN, PER POUND		\$0.00			N/C
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE		\$30.00		1	C
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH		\$0.50		12	C
A4268	CONTRACEPTIVE SUPPLE, CONDOM, FEMALE, EACH		\$0.50		12	C

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A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (EG, FOAM, GEL) EACH		\$1.00		12	C
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH		\$0.00			N/C
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH		\$0.00			N/C
A4281	TUBING FOR BREAST PUMP, REPLACEMENT		\$0.00			N/C
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT		\$0.00			N/C
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT		\$0.00			N/C
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT		\$0.00			N/C
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT		\$0.00			N/C
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT		\$0.00			N/C
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH		\$152.12			N/C
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS		\$0.00			C, A
A4301	IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, OR SUBARACHNOID, ETC.) PERCUTANEOUS ACCESS		\$0.00			C, A
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)		\$8.40			C
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR		\$16.15			C
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		\$17.84			C
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION		\$18.32			C
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)		\$27.51			C
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		\$28.71			C
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION		\$29.79			C
A4319	STERILE WATER IRRIGATION SOLUTION, 1000 ML		\$6.89			C
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE		\$5.80			C
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH		\$3.31			C
A4323	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.		\$8.47			C
A4324	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH		\$2.37			C
A4325	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH		\$1.96			C
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH		\$10.59			C
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH		\$0.00			N/C
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH		\$11.37			C
A4329	COLLECTION DEVICE, BAG/POUCH AND ACCESSORIES (TUBING, CLAMPS, ETC.), 7 DAY SUPPLY		\$26.41			C
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH		\$7.78			C
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH		\$3.47			C
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH		\$0.13			Covered By Exception
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH		\$2.40			C
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH		\$5.37			C
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		\$0.00			N/C
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		\$13.34			C
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH		\$34.54			C
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH		\$17.44			C
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH		\$21.32			C

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A4347	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE, WITH OR WITHOUT ANTI-REFLUX DEVICE; PER DOZEN		\$22.14			C
A4348	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR, EACH (E.G., 2 PER MONTH)		\$30.28			C
A4350	CATHETER CARE KIT		\$0.00			N/C
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		\$1.67			C
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH		\$5.94			C
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES		\$7.61			C
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER		\$10.91			C
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH		\$8.24			C
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH		\$49.64			C
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH		\$10.55			C
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		\$7.22			C
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH		\$33.33			C
A4360	ADULT INCONTINENCE GARMENT (E.G. BRIEF, DIAPER), EACH	03/31/03	\$0.55		180/mo	C
A4361	OSTOMY FACEPLATE, EACH		\$19.99			C
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH		\$3.76			C
A4363	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.		\$4.28			C
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ		\$2.72			C
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50		\$12.32			C
A4367	OSTOMY BELT, EACH		\$7.92			C
A4368	OSTOMY FILTER, ANY TYPE, EACH		\$0.29			C
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ		\$2.23			C
A4370	OSTOMY SKIN BARRIER, PASTE, PER OZ	03/31/03	\$3.67			C
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ		\$3.92			C
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH		\$4.54			C
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		\$6.83			C
A4374	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	03/31/03	\$9.19			C
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH		\$18.69			C
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH		\$51.77			C
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		\$4.66			C
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH		\$33.46			C
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH		\$16.35			C
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH		\$40.61			C
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH		\$5.02			C
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH		\$26.79			C
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH		\$30.67			C
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH		\$10.47			C
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH		\$5.54			C
A4386	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE, EACH	03/31/03	\$7.32			C
A4387	OSTOMY POUCH CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		\$4.37			C
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)		\$4.74			C

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A4389	OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-INCONVEXITY (1 PIECE), EACH		\$6.77			C
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-INCONVEXITY (1 PIECE), EACH		\$10.46			C
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-INCONVEXITY (1 PIECE), EACH		\$7.69			C
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-INCONVEXITY (1 PIECE), EACH		\$7.23			C
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-INCONVEXITY (1 PIECE), EACH		\$9.98			C
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE		\$2.81			C
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET		\$0.06			C
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT		\$44.04			C
A4397	IRRIGATION SUPPLY; SLEEVE, EACH		\$5.21			C
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH		\$13.77			C
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH		\$13.34			C
A4400	OSTOMY IRRIGATION SET		\$53.17			C
A4402	LUBRICANT, PER OUNCE		\$0.50			C
A4404	OSTOMY RING, EACH		\$1.84			C
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE		\$3.40			C
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE		\$5.74			C
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH		\$8.76			C
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH		\$8.50			C
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH		\$6.22			C
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH		\$9.04			C
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2PIECE SYSTEM), WITH FILTER, EACH		\$5.55			C
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH		\$4.93			C
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH		\$6.00			C
A4421	OSTOMY SUPPLY; MISCELLANEOUS		\$0.00			N/C
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH		\$0.12			C
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES		\$2.84			C
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES		\$2.84			C
A4454	TAPE, ALL TYPES, ALL SIZES	03/31/03	\$2.84			N/C
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE		\$1.55			C
A4460	ELASTIC BANDAGE, PER ROLL (E.G. COMPRESSION BANDAGE)	03/31/03	\$1.18			N/C
A4462	ABDOMINAL DRESSING HOLDER/BINDER, EACH		\$3.58			C
A4464	JOINT SUPPORTIVE DEVICE/GARMENT, ELASTIC OR EQUAL, EACH	03/31/03	\$0.00			N/C
A4465	NON-ELASTIC BINDER FOR EXTREMITY		\$0.00			N/C
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH		\$0.42			C
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH		\$0.00			N/C
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH		\$0.00			N/C
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH		\$0.00			N/C
A4521	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE, EACH		\$0.55		180/mo	C
A4522	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE, EACH		\$0.55		180/mo	C
A4523	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH		\$0.55		180/mo	C
A4524	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER EXTRA LARGE SIZE, EACH		\$0.55		180/mo	C

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A4525	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL SIZE, EACH		\$0.55		180/mo	C
A4526	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, MEDIUM SIZE, EACH		\$0.55		180/mo	C
A4527	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH		\$0.55		180/mo	C
A4528	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, EXTRA LARGE SIZE, EACH		\$0.55		180/mo	C
A4529	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH		\$0.55		180/mo	C
A4530	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH		\$0.55		180/mo	C
A4531	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL/MEDIUM SIZE, EACH		\$0.55		180/mo	C
A4532	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH		\$0.55		180/mo	C
A4533	YOUTH-SIZED INCONTINENCE PRODUCT, DIAPER, EACH		\$0.55		180/mo	C
A4534	YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF, EACH		\$0.55		180/mo	C
A4535	DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH		\$0.55		180/mo	C
A4536	PROTECTIVE UNDERWEAR, WASHABLE, ANY SIZE, EACH		\$0.55		180/mo	C
A4537	UNDER PAD, REUSABLE/WASHABLE, ANY SIZE, EACH		\$0.55		180/mo	C
A4550	SURGICAL TRAYS		\$0.00			N/C
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)		\$0.40		70 per month	C
A4555	ABD PADS		\$1.55			C
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR		\$13.29			N/C, Part of Rental
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR		\$23.10			N/C, Part of Rental
A4558	CONDUCTIVE PASTE OR GEL		\$5.07			
A4565	SLINGS		\$6.70			C
A4570	SPLINT		\$14.82			C
A4572	RIB BELT		\$9.54			C
A4580	CAST SUPPLIES (E.G. PLASTER)		\$0.00			N/C
A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)		\$0.00			N/C
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH		\$31.03			SM
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT		\$0.00			N/C
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH		\$64.35			N/C
A4609	TRACHAEAL SUCTION CATHETER, CLOSED SYSTEM, FOR LESS THAN 72 HOURS OF USE, EACH		\$0.00			N/C
A4610	TRACHAEAL SUCTION CATHETER, CLOSED SYSTEM, FOR 72 HOURS OR MORE OF USE, EACH		\$0.00			N/C
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR		\$215.03			C
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		\$87.48			C
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		\$134.18			C
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD		\$20.90			C
A4615	CANNULA, NASAL		\$1.63			C
A4616	TUBING (OXYGEN), PER FOOT		\$0.10			C
A4617	MOUTH PIECE		\$6.59			C
A4618	BREATHING CIRCUITS		\$9.72			C
A4619	FACE TENT		\$1.34			C
A4620	VARIABLE CONCENTRATION MASK		\$4.50			C
A4621	TRACHEOTOMY MASK OR COLLAR		\$1.54			C
A4622	TRACHEOSTOMY OR LARYNGECTOMY TUBE		\$59.76			C
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)		\$7.13			C
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		\$2.45			C
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		\$6.40			C
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH		\$2.96			C
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER		\$19.10			C
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH		\$3.99			C

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A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY		\$5.02			C
A4630	REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT		\$6.84			C
A4631	REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WHEEL CHAIR OWNED BYPATIENT		\$110.66			C
A4632	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH		\$0.00			N/C
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL		\$0.00			N/C
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH		\$5.60			C
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH		\$3.91			C
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.		\$2.33			C
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH		\$0.00			N/C
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PADOWNED BY PATIENT		\$69.31			C
A4641	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED		\$0.00			By Report
A4642	SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,PER DOSE		\$0.00			By Report
A4645	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)		\$0.00			N/C
A4646	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)		\$0.00			N/C
A4647	SUPPLY OF PARAMAGNETIC CONTRAST MATERIAL, EG., GADOLINIUM		\$0.00			N/C
A4649	SURGICAL SUPPLY; MISCELLANEOUS		\$0.00			C, By Report
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH		\$0.00			N/C
A4670	AUTOMATIC BLOOD PRESSURE MONITOR, FOR DIALYSIS		\$57.00			C
A4712	WATER, STERILE, FOR INJECTION FOR DIALYSIS, PER 10 ML		\$0.02			C
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50		\$0.00			N/C
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10		\$0.00			N/C
A4927	GLOVES, NON-STERILE, FOR DIALYSIS, PER 100		\$0.30			N/C
A5051	POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)		\$2.52			C
A5052	POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)		\$1.54			C
A5053	POUCH, CLOSED; FOR USE ON FACEPLATE		\$1.61			C
A5054	POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)		\$1.56			C
A5055	STOMA CAP		\$1.54			C
A5061	POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE)		\$2.79			C
A5062	POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)		\$2.28			C
A5063	POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)		\$2.37			C
A5071	POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)		\$4.73			C
A5072	POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)		\$3.73			C
A5073	POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)		\$3.41			C
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA		\$3.05			C
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA		\$12.94			C
A5093	OSTOMY ACCESSORY; CONVEX INSERT		\$2.12			C
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH		\$24.40			C
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE		\$44.11			C
A5112	URINARY LEG BAG; LATEX		\$37.66			C
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET		\$4.35			C
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET		\$9.72			C
A5119	SKIN BARRIER; WIPES, BOX PER 50		\$11.68			C
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH		\$8.12			C
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH		\$13.98			C
A5123	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), ANY SIZE, EACH	03/31/03	\$6.17			C
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD		\$1.44			C
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.		\$17.26			C

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A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT		\$12.29			C
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-		\$0.00			C, A
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER		\$0.00			C, A
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE		\$0.00			C, A
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE		\$0.00			C, A
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGES, PER SHOE		\$0.00			C, A
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE		\$0.00			C, A
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE		\$0.00			C, A
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE		\$0.00			C, A
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE		\$0.00			C, A
A5509	FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL HEAT SOURCE (IE, HEAT GUN) MULTIPLE DENSITY INSERT(S), PREFABRICATED, PER SHOE		\$0.00			C, A
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE		\$0.00			C, A
A5511	FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT, MULTIPLE-DENSITY INSERT(S), CUSTOM-FABRICATED, PER SHOE		\$0.00			C, A
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN		\$33.00			C
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN		\$33.00			C
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH		\$22.87			C
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH		\$22.87			C
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH		\$207.05			C
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES		\$6.73			C
A6025	SILICONE GEL SHEET, EACH		\$0.00			N/C
A6154	WOUND POUCH, EACH		\$15.62			C
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING		\$8.00			C
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		\$17.89			C
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES		\$5.75			C
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$10.34			C
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$22.63			C
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$37.95			C
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$3.64			C
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$6.78			C
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		\$7.99			C
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$8.14			C
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$21.67			C
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$31.96			C
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$10.55			C

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A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$0.00			N/C
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$11.20			C
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$0.06			C
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$0.00			N/C
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$0.00			N/C
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$1.03			C
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$2.81			C
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$2.32			C
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT		\$2.63			C
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$3.93			C
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$3.93			C
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING		\$5.09			C
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		\$7.49			C
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING		\$20.88			C
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$7.12			C
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$18.30			C
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$29.65			C
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$8.60			C
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$24.79			C
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE		\$13.32			C
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM		\$2.79			C
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$6.60			C
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$13.40			C
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$42.74			C
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$7.91			C
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$10.79			C
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$25.87			C
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE		\$17.67			C
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE		\$0.00			N/C
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$2.17			C
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$3.53			C
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$6.90			C



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A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$1.32			C
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		\$3.30			C
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING		\$1.66			C
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		\$4.68			C
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING		\$11.90			C
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE		\$0.00			N/C
A6263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER LINEAR YARD	03/31/03	\$0.32			C
A6264	GAUZE, NON-ELASTIC, NON-STERILE, PER LINEAR YARD	03/31/03	\$0.53			C
A6265	TAPE, ALL TYPES, PER 18 SQUARE INCHES	03/31/03	\$0.13			C
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD		\$2.09			C
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		\$0.13			C
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		\$0.47			C
A6405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	03/31/03	\$0.36			C
A6406	GAUZE, NON-ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	03/31/03	\$0.87			C
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		\$10.45			C
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		\$36.21			C
A7002	TUBING, USED WITH SUCTION PUMP, EACH		\$4.19			C
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE		\$3.00			C
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE		\$1.97			C
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE		\$33.74			C
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		\$10.45			C
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR		\$5.05			C
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR		\$12.05			C
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER		\$46.01			C
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET		\$25.82			C
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER		\$4.14			C
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR		\$0.90			C
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR		\$4.92			C
A7015	AEROSOL MASK, USED WITH DME NEBULIZER		\$2.06			C
A7016	DOVE AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER		\$7.93			C
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN		\$146.72			C
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML		\$0.42			C
A7019	SALINE SOLUTION, PER 10 ML, METERED DOSE DISPENSER, FOR USE WITH INHALATION DRUGS		\$0.37			C
A7020	STERILE WATER OR STERILE SALINE, 1000 ML, USED WITH LARGE VOLUME NEBULIZER		\$3.01			C
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		\$450.00			C
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH					N/C
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH					C
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH					C
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH					C
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, JPAIR					C

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A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP		\$141.00		1 Q year	C
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$35.00		1Q 6mo	C
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$12.00		1Q 6mo	C
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$35.00		1Q 6mo	C
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$4.00		1Q 6mo	C
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$12.00		1Q 6mo	C
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		\$0.00			N/C
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH		\$114.28			C
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH		\$54.31			C
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT ANDMOISTURE EXCHANGE SYSTEM, EACH		\$12.33			C
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$0.73			C
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGESYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		\$5.09			C
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITHTRACHEOSTOMA VALVE, ANY TYPE EACH		\$0.36			C
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMAHEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$2.71			C
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTUREEXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		\$3.12			C
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS ATRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$1.53			C
A9160	NON-COVERED SVC. BY PODIATRIST		\$0.00			N/C
A9190	PERSONAL COMFORT ITEM		\$0.00			N/C
A9270	NON-COVERED ITEM OR SERVICE		\$0.00			N/C
A9300	EXERCISE EQUIPMENT		\$0.00			N/C
A9500	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99MSESTAMIBI, PER DOSE		\$0.00			C, A
A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M,MEDRONATE, UP TO 30 MCI		\$0.00			C, A
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE		\$0.00			N/C
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY		\$6.16			PH
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY		\$11.74			PH
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY		\$8.04			PH
B4081	NASOGASTRIC TUBING WITH STYLET		\$21.76			PH
B4082	NASOGASTRIC TUBING WITHOUT STYLET		\$16.20			PH
B4083	STOMACH TUBE - LEVINE TYPE		\$2.48			PH
B4084	GASTROSTOMY/JEJUNOSTOMY TUBING		\$18.17			PH
B4085	GASTROSTOMY TUBE, SILICONE WITH SLIDING RING, EACH		\$41.23			PH
B4086	GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD OR LOWPROFILE), EACH		\$35.93			PH
B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES,ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.67			PH
B4151	ENTERAL FORMULAE; CATEGORY I; NATURAL INTACT PROTEIN/PROTEIN ISOLATES,ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.57			PH
B4152	ENTERAL FORMULAE; CATEGORY II; INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLYDENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.56			PH
B4153	ENTERAL FORMULAE; CATEGORY III; HYDROLIZED PROTEIN/AMINO ACIDS, ADMINISTEREDTHROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.91			PH
B4154	ENTERAL FORMULAE; CATEGORY IV; DEFINED FORMULA FOR SPECIAL METABOLIC NEED,ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.23			PH
B4155	ENTERAL FORMULAE; CATEGORY V; MODULAR COMPONENTS, ADMINISTERED THROUGH ANENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.96			PH

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B4156	ENTERAL FORMULAE; CATEGORY VI; STANDARDIZED NUTRIENTS, ADMINISTERED THROUGH ANENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.36			PH
B4164	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML =1 UNIT) - HOMEMIX		\$16.59			PH
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX		\$24.16			PH
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) -HOMEMIX		\$46.76			PH
B4178	PARENTERAL NUTRITION SOLUTION; AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT)- HOMEMIX		\$56.14			PH
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500ML=1 UNIT) - HOMEMIX		\$23.77			PH
B4184	PARENTERAL NUTRITION SOLUTION; LIPIDS, 10% WITH ADMINISTRATION SET (500 ML = 1UNIT)		\$77.95			PH
B4186	PARENTERAL NUTRITION SOLUTION, LIPIDS, 20% WITH ADMINISTRATION SET (500 ML = 1UNIT)		\$103.93			PH
B4189	ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANYSTRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX		\$173.43			PH
B4193	ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANYSTRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX		\$224.10			PH
B4197	ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH,74 TO 100 GRAMS OF PROTEIN - PREMIX		\$272.82			PH
B4199	ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH,OVER 100 GRAMS OF PROTEIN - PREMIX		\$311.76			PH
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN,ELECTROLYTES) HOMEMIX PER DAY		\$7.54			PH
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY		\$7.81			PH
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY		\$9.63			PH
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY		\$24.41			PH
B5000	ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANYSTRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE - PREMIX		\$11.59			PH
B5100	ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANYSTRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE - PREMIX		\$4.53			PH
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		\$1,234.17			PH
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		\$1,234.17			PH
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE		\$2,461.81			PH
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY		\$2,461.81			PH
B9998	NOC FOR ENTERAL SUPPLIES		\$0.00			PH
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR, (IMPLANTABLE)		\$0.00			N/C
C2607	CATHETER, ORATEC SPINECATH INTRADISCAL CATHETER		\$0.00			N/C
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		\$19.60		1 Q 7 yrs	C,No RR, p
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE ORFIXED, WITH TIPS		\$50.64		1Q 7 yrs	C,No RR, p
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,PAIR, COMPLETE WITH TIPS AND HANDGRIPS		\$84.93		1 Q 7 yrs	C,No RR, p
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,EACH, WITH TIP AND HANDGRIPS		\$53.98		1 Q 7 yrs	C, No RR, P
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS ANDHANDGRIPS		\$39.55		1 Q 7 yrs	C, No RR, P
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP		\$23.13		1 Q 7 yrs	C, No RR, P
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPSAND HANDGRIPS		\$51.66		1 Q 7 yrs	C, No RR, P
E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP ANDHANDGRIP		\$30.36		1 Q 7 yrs	C, No RR, P
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH		\$0.00			N/C
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		\$76.88		1 Q 7 yrs	C, No RR, P
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		\$91.77		1 Q 7 yrs	C, No RR, P
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT		\$126.19		1 Q 7 yrs	C, No RR, P
E0142	RIGID WALKER, WHEELED, WITH SEAT		\$188.24		1 Q 7 yrs	C, No RR, P
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT		\$131.59		1 Q 7 yrs	C, No RR, P

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E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT		\$348.57	\$25.00		C, RR, P
E0145	WALKER, WHEELED, WITH SEAT AND CRUTCH ATTACHMENTS		\$21.00	\$200.00		C, RR, P
E0146	FOLDING WALKER, WHEELED, WITH SEAT		\$19.00	\$180.00		C, RR, P
E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER		\$629.17	\$50.00		C, RR, P
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH			\$139.00		C
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH			\$244.00		C
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH			\$66.00		C
E0154	PLATFORM ATTACHMENT, WALKER, EACH			\$77.00		C
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR			\$35.00		C
E0156	SEAT ATTACHMENT, WALKER			\$25.00		C
E0157	CRUTCH ATTACHMENT, WALKER, EACH			\$90.00		C
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)			\$34.00		C
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH			\$20.00		C
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE		\$36.19	no rr	1 Q 7 yrs	C,<199.00,p
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S		\$24.41	no rr	1 Q 7 yrs	C,<199.00,p
E0162	SITZ BATH CHAIR		\$159.47	no rr	1 Q 7 yrs	C,<199.00,p
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS		\$109.82	no rr	1 Q 7 yrs	C,<199.00,p
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS		\$194.17	no rr	1 Q 7 yrs	C,<199.00,p
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS		\$0.00	No RR	1 Q 7 yrs	C, <199.00, P
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS		\$0.00	No RR	1 Q 7 yrs	C, <199.00, P
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR		\$11.17	no rr	1 Q 7 yrs	C,<199.00,p
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH		\$165.20	no rr	1 Q 7 yrs	C,<199.00,p
E0169	COMMODE CHAIR WITH SEAT LIFT MECHANISM		\$0.00	No RR	1 Q 7 yrs	C, <199.00, P
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH		\$72.49	no rr	1 Q 7 yrs	C,<199.00,p
E0176	AIR PRESSURE PAD OR CUSHION, NONPOSITIONING		\$105.25			C, SM
E0177	WATER PRESSURE PAD OR CUSHION, NONPOSITIONING		\$105.25			C, SM
E0178	GEL OR GEL-LIKE PRESSURE PAD OR CUSHION, NONPOSITIONING		\$112.89			C, SM
E0179	DRY PRESSURE PAD OR CUSHION, NONPOSITIONING		\$13.09			C, SM
E0180	PRESSURE PAD, ALTERNATING WITH PUMP			\$20.00	3 mo/ yr	C, RR, SM
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY			\$22.00	3 mo/ yr	C, RR, SM
E0182	PUMP FOR ALTERNATING PRESSURE PAD			\$27.00	3, mo/yr	C, RR, SM
E0184	DRY PRESSURE MATTRESS		\$181.15	no rr		C, P only
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$350.11	no rr		C, P only
E0186	AIR PRESSURE MATTRESS		\$0.00	no rr		C, P only
E0187	WATER PRESSURE MATTRESS		\$0.00	no rr		C, P only
E0188	SYNTHETIC SHEEPSKIN PAD		\$24.60	no rr	1 Q 2 yrs	C, P only
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE		\$48.35	no rr	1 Q 2 yrs	C, P only
E0191	HEEL OR ELBOW PROTECTOR, EACH		\$0.00			N/C
E0192	LOW PRESSURE AND POSITIONING EQUALIZATION PAD, FOR WHEELCHAIR		\$412.23	no rr	1 Q 4 yrs	C, P only
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)		\$0.00			N/C
E0194	AIR FLUIDIZED BED		\$0.00			N/C
E0196	GEL PRESSURE MATTRESS		\$0.00			N/C
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$242.54	\$36.00		C, RR, P
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$242.54	\$29.00		C, RR, P
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$35.08	\$3.50		C, RR, P
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT		\$73.77			C
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER		\$0.00	\$40.00		RR
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL		\$200.00	\$40.00		C, RR, P

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E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT		\$0.00			N/C
E0210	ELECTRIC HEAT PAD, STANDARD		\$0.00			N/C
E0215	ELECTRIC HEAT PAD, MOIST		\$0.00			N/C
E0217	WATER CIRCULATING HEAT PAD WITH PUMP		\$0.00			N/C
E0220	HOT WATER BOTTLE		\$0.00			N/C
E0221	INFRARED HEATING PAD SYSTEM		\$0.00			N/C
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS		\$0.00			N/C
E0230	ICE CAP OR COLLAR		\$0.00			N/C
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)		\$0.00			N/C
E0236	PUMP FOR WATER CIRCULATING PAD		\$0.00			N/C
E0238	NON-ELECTRIC HEAT PAD, MOIST		\$0.00			N/C
E0239	HYDROCOLLATOR UNIT, PORTABLE		\$0.00			N/C
E0241	BATH TUB WALL RAIL, EACH		\$0.00			N/C
E0242	BATH TUB RAIL, FLOOR BASE		\$0.00			N/C
E0243	TOILET RAIL, EACH		\$0.00			N/C
E0244	RAISED TOILET SEAT		\$0.00			N/C
E0245	TUB STOOL OR BENCH		\$0.00			N/C
E0246	TRANSFER TUB RAIL ATTACHMENT		\$0.00			N/C
E0249	PAD FOR WATER CIRCULATING HEAT UNIT		\$109.02			N/C
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS		\$1,107.00	100.00/mo		C, RR, P
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS		\$570.00	67.00/mo		C, RR, P
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS		\$1,150.00	100.00/mo		C, RR, P
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS		\$700.00	82.00/mo		C, RR, P
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDERAILS, WITH MATTRESS		\$1,800.00	190.00/mo		C, RR, P
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDERAILS, WITHOUT MATTRESS		\$1,200.00	136.00/mo		C, RR, P
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPESIDE RAILS, WITH MATTRESS		\$1,800.00	240.00/mo		C, RR, P
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPESIDE RAILS, WITHOUT MATTRESS		\$1,600.00	176.00/mo		C, RR, PN
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKERFRAME, WITH MATTRESS		\$0.00			N/C
E0271	MATTRESS, INNERSPRING		\$243.03			C
E0272	MATTRESS, FOAM RUBBER		\$221.51			C
E0275	BED PAN, STANDARD, METAL OR PLASTIC		\$16.75			C
E0276	BED PAN, FRACTURE, METAL OR PLASTIC		\$14.56			C
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS		\$0.00	27.00/d	3 mo max	RR, P by Exception
E0280	BED CRADLE, ANY TYPE		\$41.81	no rr	1 per life	C,P only
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS		\$650.00	\$74.00		C, RR, P
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS		\$450.00	\$54.00		C, RR, P
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS		\$700.00	\$83.00		C, RR, P
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS		\$600.00	\$71.00		C, RR, P
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,WITH MATTRESS		\$1,100.00	\$130.00		C, RR, P
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,WITHOUT MATTRESS		\$1,100.00	\$126.00		C, RR, P
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDERAILS, WITH MATTRESS		\$1,300.00	\$163.00		C, RR, P
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDERAILS, WITHOUT MATTRESS		\$1,400.00	110.00/mo		C, RR, P
E0305	BED SIDE RAILS, HALF LENGTH		\$120.00	12.00/mo		C, RR, P
E0310	BED SIDE RAILS, FULL LENGTH		\$212.50	22.00/mo		C, RR, P
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE		\$0.00			N/C

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E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		\$9.41			C, P only
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		\$11.50			C, P only
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$0.00	398.00/mo	3 mo max	C, RR
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$0.00	483.00/mo	3mo max	C, RR
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS		\$0.00	630.00/mo	3 mo max	C, RR, P
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING		\$0.00	52.00/mo		C, RR
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING			31.00/mo		C, RR, P
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING		\$380.00	31.00/mo		C, RR, P
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING		\$380.00	31.00/mo		C, RR, P
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR		\$380.00	31.00/mo		C, RR, P
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING, AND REFILL ADAPTER		\$380.00	31.00/mo		C, RR, P
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING		20%^acc	?		C, RR, P
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING		20%^acc	?		C, RR, P, A
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED)		\$153.00		15/mo max	C, per unit
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED)		\$153.00		15/mo max	C, per unit
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)		\$10.00		per unit	C, per unit
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)		\$10.00		per unit	C, per unit
E0445	PULSAR DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY		\$150.00		per month	C, RR
E0450	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)		\$0.00	900.00/		C, RR, P
E0454	PRESSURE VENTILATOR WITH PRESSURE CONTROL, PRESSURE SUPPORT AND FLOW TRIGGERING FEATURES			\$900.00		C, RR, P
E0457	CHEST SHELL (CUIRASS)		\$0.00			N/C
E0459	CHEST WRAP		20%^acc	?		C, RR, P, A
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY		20%^acc	?		C, RR, P, A
E0461	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE			\$900.00		C, RR, P
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS		\$0.00			N/C
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		\$0.00	\$43.00		C, RR, P
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE		\$0.00			C, RR, P
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH		20%^acc	\$999.00	15 mo. Max.	C, RR, P, A
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH		20%^acc			C, P, A
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE		\$0.00			N/C
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY		20%^acc	50.00/		C, RR, P, A
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER		\$0.00			N/C
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY		\$187.74	20.00/mo		C, RR, P

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E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN		\$0.00	42.00/m		RR
E0570	NEBULIZER, WITH COMPRESSOR		\$60.00	\$16.69		C, No RR, p
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER		\$0.00			N/C
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE		\$0.00			N/C
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER		\$0.00			N/C
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME		\$0.00			N/C
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER		\$146.72			N/C
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER		\$0.00			N/C
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		\$400.00	\$41.00		C, RR
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		20% <sup>acc</sup>	110.00/m		C, RR, P, A
E0602	BREAST PUMP, MANUAL, ANY TYPE		\$32.32			C, No RR
E0605	VAPORIZER, ROOM TYPE		\$24.60			N/C
E0606	POSTURAL DRAINAGE BOARD		\$0.00			N/C
E0607	HOME BLOOD GLUCOSE MONITOR		\$0.00			C
E0608	APNEA MONITOR	03/31/03	\$0.00	200.00/mo		C, RR
E0609	BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG., VOICE SYNTHESIZERS, AUTOMATIC TIMERS, ETC.)		\$0.00			N/C
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)		\$260.35			N/C
E0615	PACEMAKER MONITOR, SELF-CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS		\$524.10			N/C
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS		\$0.00			N/C
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE			200.00/mo	limited	RR
E0619	APNEA MONITOR, WITH RECORDING FEATURE			200.00/mo	limited	RR
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH		\$957.08			N/C
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		\$89.31			C, No RR, p
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET		\$0.00			N/C
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM		\$369.22			N/C
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC		\$369.22			N/C
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC		\$361.98			N/C
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING		\$1,000.00	85.00/m		RR, P
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING		\$1,200.00	85.00/m		RR, P
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS		\$0.00			N/C
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL		\$788.32			N/C
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE		\$1,005.27			N/C
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE		\$5,283.10			N/C
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM		\$118.13			N/C
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		\$174.86			N/C
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM		\$149.94			N/C
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		\$144.62			N/C
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		\$301.22			N/C
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM		\$411.11			N/C
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		\$200.65			N/C
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG		\$454.62			N/C
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM		\$353.25			N/C
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG		\$293.52			N/C
E0690	ULTRAVIOLET CABINET, APPROPRIATE FOR HOME USE	03/31/03	\$1,267.89			N/C

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E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)		\$0.00			N/C
E0701	HELMET WITH FACE GUARD AND SOFT INTERFACE MATERIAL, PREFABRICATED		20%*acc			A
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION		\$405.00	33.00/m		RR, P
E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION		\$405.00	33.00/m		RR, P
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)		\$390.42			N/C
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER		\$572.31			N/C
E0744	NEUROMUSCULAR STIMULATOR FOR SCIOLIOSIS		\$0.00			N/C
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT		\$0.00			N/C
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS		\$3,860.74		see m	C, P only
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS		\$3,835.72		see m	C, P only
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED		\$0.00		see m	C, P only
E0752	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH		\$412.82			C
E0754	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR		\$941.31			C
E0756	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR		\$7,498.65			C
E0757	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER		\$5,357.65			C
E0758	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER		\$4,715.96			C
E0759	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT		\$697.28			C
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON- INVASIVE		\$3,187.42			C
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING		\$92.08			N/C
E0776	IV POLE		\$100.00	10.00/m		RR, P
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER		\$0.00			N/C
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS		\$11.35			N/C
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT		\$210.00			RR
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		\$0.00			P
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI- CHANNEL		\$0.00			P
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		\$80.20			P
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION		\$155.00	14.00/m	6 mo max	C, RR, P
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME		\$540.95			N/C
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL		\$43.00			P, No RR
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)		\$131.00	12.00/m		RR, P
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)		\$135.00	17.00/m		RR, P
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		\$131.00	30.00/m		RR, P
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)		\$140.24			N/C
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR		\$0.00	\$18.00		RR
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS		\$0.00	\$47.00		RR
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS		\$0.00	\$40.00		RR
E0935	PASSIVE MOTION EXERCISE DEVICE		\$0.00	22.00/d	6 wks max.	RR
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR		\$0.00	\$15.00		RR
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE		\$0.00			N/C
E0942	CERVICAL HEAD HARNESS/HALTER		\$20.25			N/C
E0943	CERVICAL PILLOW		\$30.28			N/C
E0944	PELVIC BELT/HARNESS/BOOT		\$50.22			N/C
E0945	EXTREMITY BELT/HARNESS		\$48.51			N/C



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E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER)		\$0.00			N/C
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION		\$663.81			N/C
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION		\$642.06			N/C
E0950	TRAY		\$0.00			N/C
E0962	1" CUSHION, FOR WHEELCHAIR		\$62.73			C
E0963	2" CUSHION, FOR WHEELCHAIR		\$75.94			C
E0964	3" CUSHION, FOR WHEELCHAIR		\$84.61			C
E0965	4" CUSHION, FOR WHEELCHAIR		\$92.76			C
E0967	WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED PROJECTIONS, PAIR		\$143.21			N/C
E0968	COMMODE SEAT, WHEELCHAIR		\$0.00			N/C
E0969	NARROWING DEVICE, WHEELCHAIR		\$159.10			N/C
E0972	TRANSFER BOARD OR DEVICE		\$0.00			N/C
E0977	WEDGE CUSHION, WHEELCHAIR		\$60.86			N/C
E0980	SAFETY VEST, WHEELCHAIR		\$36.19			C,No RR,p
E0991	UPHOLSTERY SEAT		\$0.00			N/C
E0993	BACK, UPHOLSTERY		\$0.00			N/C
E0994	ARM REST, EACH		\$16.83			C,p only
E0997	CASTER WITH A FORK		\$63.00			C, P only
E0998	CASTER WITHOUT FORK		\$41.90			C, P only
E0999	PNEUMATIC TIRE WITH WHEEL		\$125.84			C, P only
E1001	WHEEL, SINGLE		\$107.33			C, P only
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)					
E1012	INTEGRATED SEATING SYSTEM, PLANAR, FOR PEDIATRIC WHEELCHAIR					
E1013	INTEGRATED SEATING SYSTEM, CONTOURED, FOR PEDIATRIC WHEELCHAIR					
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR					
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH					
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH					
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH					
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH					
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR					
E1025	LATERAL THORACIC SUPPORT, NON-CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)					
E1026	LATERAL THORACIC SUPPORT, CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)					
E1027	LATERAL/ANTERIOR SUPPORT, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)					
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER		\$0.00			N/C
E1036	POSITIONING CHAIR (SUBMIT BRAND NAME, MODEL NUMBERAND SPECIFICATIONS)		\$0.00			N/C
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE		\$0.00			N/C
E1038	TRANSPORT CHAIR, ADULT SIZE		\$0.00			N/C
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLEELEVATING LEG RESTS		\$0.00	\$95.00		RR
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAYDETACHABLE ELEVATING LEGRESTS		\$0.00	\$100.00		RR
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)		\$0.00			N/C
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAYDETACHABLE FOOTREST		\$0.00	\$95.00		RR
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGREST		\$0.00	\$65.00		RR
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAYDETACHABLE ELEVATING LEG RESTS		\$0.00	\$70.00		RR
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAYDETACHABLE ELEVATING LEG RESTS		\$0.00	\$115.00		RR

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E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS		\$0.00			N/C
E1091	YOUTH WHEELCHAIR, ANY TYPE		\$0.00	\$71.00		RR
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS		\$0.00	\$75.00		RR
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWINGAWAY DETACHABLE FOOTRESTS		\$0.00	\$75.00		RR
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS		\$0.00	\$105.00		RR
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGREST		\$0.00	\$102.00		RR
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS		\$0.00			N/C
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$0.00	\$80.00		RR
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$0.00	\$70.00		RR
E1161	MANUAL ADULT SUZE WHEELCHAIR, INCLUDES TILT IN SPACE		20%^acq			C, A
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		20%^acq			C, A
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST		20%^acq			C, A
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST		20%^acq			C, A
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS		20%^acq			C, A
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS		20%^acq			C, A
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		20%^acq			C, A
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		20%^acq			C, A
E1210	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS		20%^acq			C, A
E1211	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY, DETACHABLE ELEVATING LEG REST		20%^acq			C, A
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS		20%^acq			C, A
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS		20%^acq			C, A
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS		20%^acq			C, A
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS		20%^acq	\$70.00		C, RR, P, A
E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR		20%^acq			C, A
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		20%^acq			C, A
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR		\$20.00			C
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL, NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER		\$0.00	\$0.00		N/C
E1231	WHEELCHAIR, JPEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM					
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM					
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM					
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM					
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM					
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM					
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM					
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM					
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST		\$0.00	75.00/m		C, RR, P
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$0.00	\$60.00		C, RR, P
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS		\$0.00	\$120.00		C, RR, P
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST		\$0.00	\$110.00		C, RR, P
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		\$0.00			N/C
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY		\$0.00			N/C

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E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION		\$0.00			N/C
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)		\$0.00			N/C
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)		\$0.00			N/C
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILOF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES		\$10.00		Q15 min	C
E1353	REGULATOR		\$17.00			RR
E1355	STAND/RACK		\$3.00			RR
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER		\$20.00			RR
E1390	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGENCONCENTRATION AT THE PRESCRIBED FLOW RATE		20%^acq	\$195.00		RR, P, A
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		\$0.00			C, By Report
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY		\$0.00			N/C
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY		\$0.00			N/C
E1700	JAW MOTION REHABILITATION SYSTEM		\$377.45			C,p
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6		\$11.61			C
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200		\$24.70			C
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACEMATERIAL		\$0.00			N/C
E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTIONADJUSTMENT, INCLUDES CUFFS		\$0.00			N/C
E1804	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL		\$0.00			N/C
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACEMATERIAL		\$0.00			N/C
E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTIONADJUSTMENT, INCLUDES CUFFS		\$0.00			N/C
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACEMATERIAL		\$0.00			N/C
E1811	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUSTMENT,INCLUDES CUFFS		\$0.00			N/C
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION, INCLUDES SOFT INTERFACE MATERIAL		\$0.00			N/C
E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTIONADJUSTMENT, INCLUDES CUFFS		\$0.00			N/C
E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM, PRONATION / SUPINATION DEVICewith RANGE OF MOTION, ADJUSTMENT, INCLUDES CUFFS		\$0.00			N/C
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE		\$0.00			N/C
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVESTRETCH DEVICE		\$115.19			N/C
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACEMATERIAL		\$0.00			N/C
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACEMATERIAL		\$0.00			N/C
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDESSOFT INTERFACE MATERIAL		\$0.00			N/C
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		\$0.00	40.00/m		C, RR
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER		\$0.00			N/C
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE		\$0.00			N/C
G0001	Drawing blood for specimenROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)		\$3.00			C
G0004	AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; INCLUDES TRANSMISSION,PHYSICIAN REVIEW AND INTERPRETATION	03/31/03	\$0.00			N/C
G0005	AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; RECORDING (INCLUDESHOOK-UP, RECORDING AND DISCONNECTION)	03/31/03	\$0.00			N/C
G0006	AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; 24 HOUR ATTENDEDMONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS	03/31/03	\$0.00			N/C
G0007	AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; PHYSICIAN REVIEW ANDINTERPRETATION ONLY	03/31/03	\$0.00			N/C
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION		\$0.00			N/C

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G0103	PSA, TOTAL SCREENING PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL		\$31.05			C
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY		\$87.82			C
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK		\$379.64			C
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104; SCREENING SIGMOIDOSCOPY, BARIUM ENEMA		\$42.41			C
G0107	CA SCREEN; FECAL BLOOD TEST COLORECTAL CANCER SCREENING; FECAL-OCULT BLOOD TEST, 1-3 SIMULTANEOUS		\$16.70			C
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30MINUTES		\$0.00			C
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES		\$0.00			C
G0121	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105; SCREENING COLONOSCOPY, BARIUM ENEMA		\$379.64			C
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY		\$0.00			N/C
J0151	INJECTION, ADENOSINE, 90 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)		\$0.00			PH
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE		\$0.00			PH
J0220	ALLERGY INJECTION		\$0.00			PH
J0240	ALLERGY INJECTION		\$0.00			PH
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG		\$0.00			PH
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG		\$0.00			PH
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM		\$0.00			PH
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG		\$0.00			PH
J0456	INJECTION, AZITHROMYCIN, 500 MG		\$0.00			PH
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG		\$0.00			PH
J0475	INJECTION, BACLOFEN, 10 MG		\$0.00			PH
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL		\$0.00			PH
J0490	INJECTION, BENADRYL HCL, UP TO 50 MG (1ML VIAL)		\$0.00			PH
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS		\$0.00			PH
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS		\$0.00			PH
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS		\$0.00			PH
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS		\$0.00			PH
J0585	BOTULINUM TOXIN TYPE A, PER UNIT		\$0.00			PH
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG		\$0.00			PH
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML		\$0.00			PH
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG		\$0.00			PH
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG		\$0.00			PH
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM		\$0.00			PH
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG		\$0.00			PH
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG		\$0.00			PH
J0713	INJECTION, CEFTAZIDIME, PER 500 MG		\$0.00			PH
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG		\$0.00			PH
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG		\$0.00			PH
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG		\$0.00			PH
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG		\$0.00			PH
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG		\$0.00			PH
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG		\$0.00			PH
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG		\$0.00			PH
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG		\$0.00			PH
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG		\$0.00			PH
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG		\$0.00			PH
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	03/31/03	\$0.00			PH
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG		\$0.00			PH
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG		\$0.00			PH

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J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML		\$0.00			PH
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG		\$0.00			PH
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG		\$0.00			PH
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	03/31/03	\$0.00			PH
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG		\$0.00			PH
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG		\$0.00			PH
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG		\$0.00			PH
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG		\$0.00			PH
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML		\$0.00			PH
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG		\$0.00			PH
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG		\$0.00			PH
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG		\$0.00			PH
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG		\$0.00			PH
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG		\$0.00			PH
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG		\$0.00			PH
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG		\$0.00			PH
J1450	INJECTION FLUCONAZOLE, 200 MG		\$0.00			PH
J1563	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G		\$0.00			PH
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG		\$0.00			PH
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG		\$0.00			PH
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG		\$0.00			PH
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG		\$0.00			PH
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG		\$0.00			PH
J1640	INJECTION, HEPARIN, 30 ML		\$0.00			PH
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS		\$0.00			PH
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS		\$0.00			PH
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG		\$0.00			PH
J1690	INJECTION, PREDNISOLONE TEBUTATE, UP TO 20 MG		\$0.00			PH
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG		\$0.00			PH
J1745	INJECTION INFLIXIMAB, 10 MG		\$0.00			PH
J1750	INJECTION, IRON DEXTRAN, 50 MG		\$0.00			PH
J1790	INJECTION, DROPERIDOL, UP TO 5 MG		\$0.00			PH
J1820	INJECTION, INSULIN, UP TO 100 UNITS	03/31/03	\$0.00			PH
J1825	ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)		\$0.00			PH
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG		\$0.00			PH
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG		\$0.00			PH
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG		\$0.00			PH
J1956	INJECTION, LEVOFLOXACIN, 250 MG		\$0.00			PH
J2000	INJECTION, LIDOCAINE HCL, 50 CC		\$0.00			PH
J2060	INJECTION, LORAZEPAM, 2 MG		\$0.00			PH
J2150	INJECTION, MANNITOL, 25% IN 50 ML		\$0.00			PH
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG		\$0.00			PH
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG		\$0.00			PH
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG		\$0.00			PH
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG		\$0.00			PH
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG		\$0.00			PH
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG		\$0.00			PH
J2355	INJECTION, OPRELVEKIN, 5 MG		\$0.00			PH
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG		\$0.00			PH
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG		\$0.00			PH
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG		\$0.00			PH
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG		\$0.00			PH

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J2480	INJECTION, HYDROCHLORIDES OF OPIUM ALKALOIDS, UP TO 20 MG		\$0.00			PH
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS		\$0.00			PH
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROUGH A DME		\$0.00			PH
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG		\$0.00			PH
J2620	INJECTION, POLYCILLIN N, UP TO 500 MG		\$0.00			PH
J2640	INJECTION, PREDNISOLONE SODIUM PHOSPHATE, TO 20 MG		\$0.00			PH
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG		\$0.00			PH
J2675	INJECTION, PROGESTERONE, PER 50 MG		\$0.00			PH
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG		\$0.00			PH
J2725	INJECTION, PROTIRELIN, PER 250 MCG		\$0.00			PH
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG		\$0.00			PH
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG		\$0.00			PH
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE		\$0.00			PH
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		\$0.00			PH
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG		\$0.00			PH
J2912	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML		\$0.00			PH
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG		\$0.00			PH
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG		\$0.00			PH
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG		\$0.00			PH
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG		\$0.00			PH
J3030	ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, (NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)		\$0.00			PH
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG		\$0.00			PH
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG		\$0.00			PH
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG		\$0.00			PH
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG		\$0.00			PH
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG		\$0.00			PH
J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG		\$0.00			PH
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG		\$0.00			PH
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG		\$0.00			PH
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG		\$0.00			PH
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG		\$0.00			PH
J3360	INJECTION, DIAZEPAM, UP TO 5 MG		\$0.00			PH
J3370	INJECTION, VANCOMYCIN HCL, 500 MG		\$0.00			PH
J3395	INJECTION, VERTEPORFIN, 15MG		\$0.00			PH
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG		\$0.00			PH
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG		\$0.00			PH
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG		\$0.00			PH
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ		\$0.00			PH
J3490	UNCLASSIFIED DRUGS		\$0.00			PH
J7020	VIAL OF ALLERGY VACCINE, MULTIPLE DOSE, COST PER DOSE		\$0.00			PH
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC		\$0.00			PH
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)		\$0.00			PH
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)		\$0.00			PH
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC		\$0.00			PH
J7051	STERILE SALINE OR WATER, UP TO 5 CC		\$0.00			PH
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)		\$0.00			PH
J7070	INFUSION, D5W, 1000 CC		\$0.00			PH
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC		\$0.00			PH
J7192	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		\$0.00			PH
J7300	INTRAUTERINE COPPER CONTRACEPTIVE		\$0.00			PH
J7320	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION		\$0.00			PH

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J7513	DACLIZUMAB, PARENTERAL, 25 MG		\$0.00			PH
J7618	ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG(LEVALBUTEROL)		\$0.00			PH
J7619	ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG(LEVALBUTEROL)		\$0.00			PH
J7620	ALBUTEROL SULFATE, 0.083%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME		\$0.00			PH
J7625	ALBUTEROL SULFATE, 0.5%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME		\$0.00			PH
J7631	CHROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM,PER 10 MILLIGRAMS		\$0.00			PH
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSEFORM, PER MILLIGRAM		\$0.00			PH
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,CONCENTRATED FORM, PER 10 MILLIGRAMS		\$0.00			PH
J7675	METAPROTERENOL SULFATE, 5.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME		\$0.00			PH
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME		\$0.00			PH
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS		\$0.00			PH
J9000	DOXORUBICIN HCL, 10 MG		\$0.00			PH
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG		\$0.00			PH
J9040	BLEOMYCIN SULFATE, 15 UNITS		\$0.00			PH
J9045	CARBOPLATIN, 50 MG		\$0.00			PH
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG		\$0.00			PH
J9062	CISPLATIN, 50 MG		\$0.00			PH
J9065	INJECTION, CLADRIBINE, PER 1 MG		\$0.00			PH
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG		\$0.00			PH
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG		\$0.00			PH
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG		\$0.00			PH
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM		\$0.00			PH
J9120	DACTINOMYCIN, 0.5 MG		\$0.00			PH
J9140	DACARBAZINE, 200 MG		\$0.00			PH
J9150	DAUNORUBICIN, 10 MG		\$0.00			PH
J9170	DOCETAXEL, 20 MG		\$0.00			PH
J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG		\$0.00			PH
J9181	ETOPOSIDE, 10 MG		\$0.00			PH
J9182	ETOPOSIDE, 100 MG		\$0.00			PH
J9190	FLUOROURACIL, 500 MG		\$0.00			PH
J9201	GEMCITABINE HCL, 200 MG		\$0.00			PH
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG		\$0.00			PH
J9206	IRINOTECAN, 20 MG		\$0.00			PH
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG		\$0.00			PH
J9250	METHOTREXATE SODIUM, 5 MG		\$0.00			PH
J9260	METHOTREXATE SODIUM, 50 MG		\$0.00			PH
J9265	PACLITAXEL, 30 MG		\$0.00			PH
J9310	RITUXIMAB, 100 MG		\$0.00			PH
J9350	TOPOTECAN, 4 MG		\$0.00			PH
J9360	VINBLASTINE SULFATE, 1 MG		\$0.00			PH
J9370	VINCRIStINE SULFATE, 1 MG		\$0.00			PH
J9375	VINCRIStINE SULFATE, 2 MG		\$0.00			PH
J9390	VINORELBINE TARTRATE, PER 10 MG		\$0.00			PH
K0001	STANDARD WHEELCHAIR		\$600.00	\$25.00		RR, P
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR		\$600.00	\$50.00		C, RR, P
K0003	LIGHTWEIGHT WHEELCHAIR		\$600.00	\$75.00		C, RR, P
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR		\$604.00	\$81.00		C, RR, P
K0005	ULTRALIGHTWEIGHT WHEELCHAIR		\$1,399.00	\$150.00		C, RR, P
K0006	HEAVY DUTY WHEELCHAIR		\$1,399.00	\$110.00		C, RR, P
K0007	EXTRA HEAVY DUTY WHEELCHAIR		\$1,399.00	\$115.00		C, RR, P

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K0009	OTHER MANUAL WHEELCHAIR/BASE		\$0.00			N/C
K0010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME		\$0.00			N/C
K0011	PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING		\$0.00			C, P only
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		\$0.00			N/C
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE		\$0.00			N/C
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH		\$195.57			C, P only
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH		\$118.04			C, P only
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH		\$55.00			C, P only
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH		\$30.75			C, P only
K0019	ARM PAD, EACH		\$18.87			C, P only
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		\$49.98			C, P only
K0022	REINFORCED BACK UPHOLSTERY		\$54.04			C, P only
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS		\$102.99			C, P only
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, WITH ADJUSTABLE HOOK-ON HARDWARE		\$121.92			C, P only
K0025	HOOK-ON HEADREST EXTENSION		\$70.85			C, P only
K0026	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		\$50.63			C, P only
K0027	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		\$50.63			C, P only
K0028	MANUAL, FULLY RECLINING BACK		\$507.00	30.00/m		RR, P
K0029	REINFORCED SEAT UPHOLSTERY		\$54.04			C
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM		\$104.14			C
K0031	SAFETY BELT/PELVIC STRAP, EACH		\$46.74			C
K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		\$48.11			C
K0033	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		\$48.11			C
K0035	HEEL LOOP WITH ANKLE STRAP, EACH		\$26.84			C
K0036	TOE LOOP, EACH		\$20.61			C
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		\$44.81			C
K0038	LEG STRAP, EACH		\$26.09			C
K0039	LEG STRAP, H STYLE, EACH		\$57.99			C
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		\$80.36			C
K0041	LARGE SIZE FOOTPLATE, EACH		\$56.97			C
K0042	STANDARD SIZE FOOTPLATE, EACH		\$33.89			C
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		\$21.01			C
K0044	FOOTREST, UPPER HANGER BRACKET, EACH		\$17.92			C
K0045	FOOTREST, COMPLETE ASSEMBLY		\$52.68			C
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		\$21.01			C
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		\$82.29			C
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY		\$128.54	13.00/m		C, RR, P
K0049	CALF PAD, EACH		\$33.28			C
K0050	RATCHET ASSEMBLY		\$34.98			C
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		\$56.62			C
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		\$99.50			C
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		\$109.80			C
K0054	SEAT WIDTH OF 10", 11", 12", 15", 17", OR 20" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR		\$112.61			C
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR		\$102.34			C
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR		\$102.34			C
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR		\$133.65			C
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR		\$64.93			C
K0059	PLASTIC COATED HANDRIM, EACH		\$34.14			C



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K0060	STEEL HANDRIM, EACH		\$29.88			C
K0061	ALUMINUM HANDRIM, EACH		\$42.37			C
K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH		\$65.67			C
K0063	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS, EACH		\$87.65			C
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERTS), ANY SIZE, EACH		\$32.74			C
K0065	SPOKE PROTECTORS, EACH		\$0.00			N/C
K0066	SOLID TIRE, ANY SIZE, EACH		\$28.49			C
K0067	PNEUMATIC TIRE, ANY SIZE, EACH		\$44.77			C
K0068	PNEUMATIC TIRE TUBE, EACH		\$6.33			C
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH		\$75.60			C
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH		\$197.14			C
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH		\$117.57			C
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		\$66.51			C
K0073	CASTER PIN LOCK, EACH		\$36.01			C
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH		\$39.40			C
K0075	SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH		\$39.64			C
K0076	SOLID CASTER TIRE, ANY SIZE, EACH		\$27.50			C
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		\$63.31			C
K0078	PNEUMATIC CASTER TIRE TUBE, EACH		\$10.35			C
K0080	ANTI-ROLLBACK DEVICE, PAIR		\$145.89			C
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH		\$43.79			C
K0082	22 NF DEEP CYCLE LEAD ACID BATTERY, EACH		\$122.97			C
K0083	22 NF GEL CELL BATTERY, EACH		\$150.12			C
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATTERY, EACH		\$99.00			C
K0085	GROUP 24 GEL CELL BATTERY, EACH		\$200.19			C
K0086	U-1 LEAD ACID BATTERY, EACH		\$122.97			C
K0087	U-1 GEL CELL BATTERY, EACH		\$120.74			C
K0088	BATTERY CHARGER, LEAD ACID OR GEL CELL		\$288.54			C
K0089	BATTERY CHARGER, DUAL MODE		\$458.71			C
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH		\$81.98			C
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE, EACH		\$22.34			C
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH		\$261.67			C
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE, EACH		\$163.47			C
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH		\$53.27			C
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH		\$53.27			C
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH		\$295.21			C
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH		\$65.27			C
K0098	DRIVE BELT FOR POWER WHEELCHAIR		\$28.41			C
K0099	FRONT CASTER FOR POWER WHEELCHAIR, EACH		\$87.09			C
K0100	WHEELCHAIR ADAPTER FOR AMPUTEE, PAIR (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)		\$91.18			C
K0102	CRUTCH AND CANE HOLDER, EACH		\$46.65			C
K0103	TRANSFER BOARD, <25"		\$51.28			C
K0104	CYLINDER TANK CARRIER, EACH		\$27.00	\$9.00		C, RR, P
K0105	IV HANGER, EACH		\$107.01	\$10.00		C, RR, P
K0106	ARM TROUGH, EACH		\$0.00			N/C
K0107	WHEELCHAIR TRAY		\$113.78			C,p
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED		by report			C
K0112	TRUNK SUPPORT DEVICE, VEST TYPE, WITH INNER FRAME, PREFABRICATED		\$258.75			C

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K0113	TRUNK SUPPORT DEVICE, VEST TYPE, WITHOUT INNER FRAME, PREFABRICATED		\$157.84			C
K0114	BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR, WITH INNER FRAME, PREFABRICATED		\$816.01			C
K0115	SEATING SYSTEM, BACK MODULE, POSTERIOR/LATERAL CONTROL, WITH OR WITHOUT LATERAL SUPPORTS, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE		\$935.68			C
K0116	SEATING SYSTEM, COMBINED BACK AND SEAT MODULE, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE		\$1,953.02			C
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		\$18.00			C
K0268	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$117.00	8.00/m		C, RR
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL		\$0.00			N/C
K0460	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL		\$2,200.00			C,p
K0461	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO POWER OPERATED VEHICLE, TILLER CONTROL		\$2,091.24			C,p
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE		\$60.00			C
K0522	WHEELCHAIR BEARINGS, ANY TYPE		\$7.17			C
K0531	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$280.00	\$29.00		C, RR, P
K0532	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		\$0.00			N/C
K0533	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		\$175.00			RR
K0534	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		\$0.00			N/C
K0538	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE		\$0.00	57.00/day	4 mo/max	RR
K0539	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH		\$0.00	28.00/unit	4 mo max 15t	C
K0540	CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH		\$0.00	25.00/unit	4 mo max 10t	C
K0541	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME		\$428.04			N/C
K0542	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES RECORDING TIME		\$1,654.43			N/C
K0543	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE		\$3,914.82	\$200.00		C, RR, P
K0544	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS		\$7,408.26	\$225.00		C, RR, P
K0545	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT					N/C
K0546	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM					C, A
K0547	ACCESSORY FOR SPEECH GENERATING DEVICE, NOC					C, A
K0550	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH		\$0.00	110.00/m		C, RR
K0556	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM					C, A
K0557	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM					C, A

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K0558	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE K0556 OR K0557)					C, A
K0559	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE K0556 OR K0557)					C, A
K0561	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE		\$3.70			C,p
K0562	OSTOMY SKIN BARRIER, PECTIN BASED, PASTE, PER OUNCE		\$6.25			C,p
K0565	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	03/31/03	\$9.80			C,p
K0566	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	03/31/03	\$6.77			C,p
K0567	OSTOMY POUCH DRAINABLE, WITH KARAYA BASED BARRIER ATTACHED, WITHOUT BUILT IN CONVEXITY, (ONE PIECE), EACH	03/31/03	\$9.83			C,p
K0568	OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITHOUT BUILT-INCONVEXITY (1 PIECE), EACH	03/31/03	\$2.83			C,p
K0569	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON BARRIER WITH FLANGE (TWO PIECE SYSTEM), EACH	03/31/03	\$4.11			C,p
K0570	BUILT IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	03/31/03	\$5.98			C,p
K0571	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	03/31/03	\$5.38			C,p
K0572	TAPE, NON WATERPROOF, PER 18 SQUARE INCHES	03/31/03	\$6.52			C,p
K0573	TAPE, WATERPROOF, PER 18 SQUARE INCHES	03/31/03	\$0.10			C,p
K0574	ADDITION TO OSTOMY POUCH, FILTER, INTEGRAL OR ADDED SEPARATELY TO POUCH, EACH	03/31/03	\$0.40			C,p
K0575	ADDITION TO OSTOMY POUCH, RUSTLE FREE MATERIAL, PER POUCH	03/31/03	\$0.51			C,p
K0576	ADDITION TO OSTOMY POUCH, FRICTION AND IRRITANT REDUCING ABSORBENT, INTERFACE LAYER (COMFORT PANEL), PER POUCH	03/31/03	\$0.31			C,p
K0579	ADDITION TO OSTOMY POUCH ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) TO THICKEN LIQUID STOMAL OUTPUT, FOR USE IN PUCH, EACH		\$0.58			C, P
K0580	ADDITION TO OSTOMY POUCH, FLANGE LOCKING	03/31/03	\$0.13			C,p
K0581	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (ONE PIECE), EACH		\$3.16			C,p
K0582	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY,WITH FILTER (ONE PIECE), EACH		\$4.28			C,p
K0583	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (ONE PIECE), EACH		\$2.08			C,p
K0584	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (TWO PIECE), EACH		\$2.00			C,p
K0585	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PIECE), EACH		\$4.64			C,p
K0586	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (TWO PIECE), EACH		\$4.93			C,p
K0587	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (ONE PIECE), EACH		\$5.46			C,p
K0588	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (TWO PIECE SYSTEM), EACH		\$4.12			C,p
K0589	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PIECE SYSTEM), EACH		\$2.71			C,p
K0590	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (TWO PIECE SYSTEM), EACH		\$5.24			C,p
K0591	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (ONE PIECE), EACH		\$7.49			C,p
K0592	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (ONE PIECE), EACH		\$8.65			C,p
K0593	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (ONE PIECE), EACH		\$9.80			C,p
K0594	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (ONE PIECE), EACH		\$5.84			C,p
K0595	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (TWO PIECE), EACH		\$4.13			C,p

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K0596	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PIECE), EACH		\$3.84			C,p
K0597	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (TWO PIECE), EACH		\$4.32			C,p
KI0079	WHEEL LOCK EXTENSION, PAIR		\$65.14			C
L0100	CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT INTERFACE, MOLDED TO PATIENT MODEL		\$518.63			C, A
L0110	CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT INTERFACE, NON-MOLDED		\$117.67			C
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)		\$21.74			C
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT		\$133.62			C
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)		\$59.20			C
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)		\$88.51			C
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT		\$128.27			C
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL		\$528.20			C
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE		\$108.02			C
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION		\$263.16			C
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE		\$303.47			C
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)		\$421.28			C
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION		\$457.49			C
L0210	THORACIC, RIB BELT		\$36.27			C
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED		\$100.31			C
L0300	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	03/31/03	\$92.39			C
L0310	TLSO, FLEXIBLE, (DORSO-LUMBAR SURGICAL SUPPORT), CUSTOM FABRICATED	03/31/03	\$269.98			C
L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	03/31/03	\$230.00			C
L0317	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, HYPEREXTENSION, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	03/31/03	\$355.12			C
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE), WITH APRON FRONT	03/31/03	\$294.93			C
L0321	TLSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFABRICATED (INCLUDES FITTING AND ADJUSTMENT)	03/31/03	\$484.57			C
L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE), WITH APRON FRONT	03/31/03	\$309.17			C
L0331	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFABRICATED (INCLUDES FITTING AND ADJUSTMENT)	03/31/03	\$563.15			C
L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL (ARNOLD, MAGNUSON, STEINDLER TYPES), WITH APRON FRONT	03/31/03	\$534.68			C
L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET, CUSTOM FITTED	03/31/03	\$783.97			C
L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET MOLDED TO PATIENT MODEL	03/31/03	\$1,364.24			C
L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, HYPEREXTENSION (JEWETT, LENNOX, BAKER, CASH TYPES)	03/31/03	\$261.88			C
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH EXTENSIONS	03/31/03	\$509.66			C
L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL	03/31/03	\$1,449.22			C
L0391	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFABRICATED (INCLUDES FITTING AND ADJUSTMENT)	03/31/03	\$706.46			C
L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	03/31/03	\$1,378.81			C
L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO-PIECE CONSTRUCTION, MOLDED TO PATIENT MODEL	03/31/03	\$1,488.13			C
L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO-PIECE CONSTRUCTION, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	03/31/03	\$1,245.80			C
L0430	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED	03/31/03	\$1,241.30			C

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L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH OVERLAPPING FRONT SECTION, SPRING STEEL FRONT, CUSTOM FITTED	03/31/03	\$917.00			C
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVETEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED		\$248.00			C
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$366.00			C
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$366.00			C
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATED JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$606.00			C
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATED JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$606.00			C
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$318.00			C
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$326.00			C
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVETEBRAL DISKS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN PRESSURE TO REDUCE LOAD ON INTERVETEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					

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L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN PRESSURE TO REDUCE LOAD ON INTERVETEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION,RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATER PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR WITH MULTIPLE STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED INCLUDES FITTING AND ADJUSTMENT					
L0476	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS WITH SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT T=OR BEFORE THE T-9 VERTEBRA, NATERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USUALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, ALLOWS FREE FLEXION AND COMPRESSION OF PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
L0478	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS WITH SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATED AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USIALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, ALLOWS FREE FLEXION AND COMPRESSION OF LS REGION, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED					
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED					
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED					
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLSTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATED JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED					

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L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLSTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED		\$1,628.00			C
L0488	TLSO, TRIPLANARE CONTROL, ONE PIECE RIGID PLSTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATED JUST INTERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, NATERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$1,140.00			C
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATED AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONSL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$230.00			C
L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SURGICAL SUPPORT)		\$88.99			C
L0510	LSO, FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT), CUSTOM FABRICATED		\$225.00			C, A
L0515	LSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFABRICATED		\$105.77			C
L0520	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES), WITH APRON FRONT		\$341.00			C
L0530	LSO, ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE), WITH APRON FRONT		\$435.00			C
L0540	LSO, LUMBAR FLEXION (WILLIAMS FLEXION TYPE)		\$436.00			C
L0550	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL		\$1,269.00			C
L0560	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL		\$1,093.28			C
L0561	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFABRICATED		\$305.69			C
L0565	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, CUSTOM FITTED		\$918.00			C, A
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT),		\$68.65			C
L0610	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT), CUSTOM FABRICATED		\$211.00			C
L0620	SACROILIAC, SEMI-RIGID (GOLDTHWAITE, OSGOOD TYPES), WITH APRON FRONT		\$346.00			C
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)		\$1,675.00			C
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)		\$1,954.00			C
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST		\$2,334.02			C
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET		\$1,909.00			C
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS		\$2,568.00			C
L0860	ADDITION TO HALO PROCEDURES, MAGNETIC REASONANCE IMAGE COMPATIBLE SYSTEM		\$1,330.00			C
L0900	TORSO SUPPORT, PTOSIS SUPPORT	03/31/03	\$131.00			C
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	03/31/03	\$85.00			C
L0920	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT	03/31/03	\$76.28			C
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM FABRICATED	03/31/03	\$200.00			C
L0940	TORSO SUPPORT, POSTSURGICAL SUPPORT	03/31/03	\$100.00			C
L0950	TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FABRICATED	03/31/03	\$170.00			C
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT		\$56.00			C
L0970	TLSO, CORSET FRONT		\$124.00			C
L0972	LSO, CORSET FRONT		\$90.00			C

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L0974	TLSO, FULL CORSET		\$146.00			C
L0976	LSO, FULL CORSET		\$166.00			C
L0978	AXILLARY CRUTCH EXTENSION		\$157.00			C
L0980	PERONEAL STRAPS, PAIR		\$14.30			C
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)		\$13.00			C
L0984	PROTECTIVE BODY SOCK, EACH		\$54.00			C
L0986	ADDITION TO SPINAL ORTHOSIS, RIGID OR SEMI-RIGID ABDOMINAL PANEL, PREFABRICATED	03/31/03	\$123.00			C
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED		\$0.00			By Report
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OFFURNISHING INITIAL ORTHOSIS, INCLUDING MODEL		\$1,937.00			C
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING ANDADJUSTMENT		\$2,834.28			N/C
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSISORTHOSIS, AXILLA SLING		\$54.00			C
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD		\$70.00			C
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING		\$102.14			C
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD		\$52.00			C
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD		\$63.00			C
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD		\$68.00			C
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD		\$78.00			C
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING		\$70.17			C
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER		\$58.00			C
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICALEXTENSIONS		\$126.00			C
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING		\$82.00			C
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER		\$130.00			C
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER,MOLDED TO PATIENT MODEL		\$209.00			C
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH		\$35.00			C
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIALORTHOSIS ONLY		\$1,538.00			C
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION		\$287.00			C
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION		\$189.00			C
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE		\$618.00			C
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD		\$63.00			C
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD		\$59.00			C
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD		\$61.00			C
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD		\$63.00			C
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH		\$70.00			C
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD		\$64.00			C
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL		\$1,700.00			C
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET		\$1,800.00			C
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED		\$0.00			By Report
L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUMTYPES)		\$1,704.00			N/C
L1510	THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES		\$1,263.00			N/C
L1520	THKAO, SWIVEL WALKER		\$1,906.00			N/C
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITHCOVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$64.93			C
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY),PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$35.00			C
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS),PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$109.00			C



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L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),CUSTOM-FABRICATED		\$138.00			C
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADERBAR, THIGH CUFFS, CUSTOM-FABRICATED		\$463.00			C
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLEDTYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$213.00			C
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$140.00			C
L1680	ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOMFABRICATED		\$997.00			C
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,CUSTOM FABRICATED		\$974.00			C
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$842.00			C
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTIONAND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$1,712.00			C
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED		\$1,250.00			C
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED		\$1,464.00			C
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED		\$1,079.00			C
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED		\$745.00			C
L1750	LEGG PERTHES ORTHOSIS, LEGG PERTHES SLING (SAM BROWN TYPE), PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$161.00			C
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED		\$1,296.71			C
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$49.53			C
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$55.68			C
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S),PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$79.00			C
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		\$88.06			C
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$45.00			C
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		\$64.38			C
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$423.69			C
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED		\$671.00			C
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$0.00			N/C
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOMFABRICATED		\$753.00			C
L1843	EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		\$794.56			C
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM FABRICATED		\$1,226.00			C
L1845	EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		\$545.43			C
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM FABRICATED		\$671.86			C
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIRSUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$509.00			C
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$167.60			C
L1855	KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHTKNEE JOINTS, CUSTOM-FABRICATED		\$741.16			C
L1858	KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS(CTI), CUSTOM-FABRICATED		\$706.81			C
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET,CUSTOM-FABRICATED (SK)		\$878.00			C

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L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS WITH KNEE JOINTS,CUSTOM-FABRICATED		\$857.00			C
L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/LACERS WITH KNEEJOINTS, CUSTOM-FABRICATED		\$228.83			C
L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE UPRIGHT, THIGH AND CALF, WITH FUNCTIONAL ACTIVERESISTANCE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$833.00			C
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND,CUSTOM-FABRICATED		\$125.00			C
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)		\$0.00			N/C
L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$48.31			C
L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED		\$385.00			C
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		\$131.00			C
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$211.00			C
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS ORPERLSTEIN TYPE), CUSTOM-FABRICATED		\$360.00			C
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTINGAND ADJUSTMENT		\$145.00			C
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED		\$370.58			C
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION, (FLOOR REACTION),CUSTOM-FABRICATED		\$575.00			C
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM-FABRICATED		\$660.00			C
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED		\$385.40			C
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED		\$573.17			C
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED		\$324.00			C
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED		\$311.29			C
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED		\$860.00			C
L2010	CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT,CUSTOM-FABRICATED		\$886.00			C
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH ANDCALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED		\$966.15			C
L2030	CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOMFABRICATED		\$829.00			C
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$153.00			C
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE,CUSTOM-FABRICATED		\$1,492.00			C
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE,CUSTOM-FABRICATED		\$1,364.00			C
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH KNEE JOINT, MULTI-AXIS ANKLE,(LIVELY ORTHOSIS OR EQUAL), CUSTOM-FABRICATED		\$875.00			C
L2039	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE,MEDIAL LATERAL ROTATION CONTROL, CUSTOM-FABRICATED		\$1,967.98			C
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS,PELVIC BAND/BELT, CUSTOM FABRICATED		\$70.17			C
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIPJOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		\$198.32			C
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALLBEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED		\$484.00			C
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS,PELVIC BAND/BELT, CUSTOM FABRICATED		\$110.00			C
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIPJOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		\$147.47			C

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L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALLBEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED		\$399.00			C
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED		\$556.86			C
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,CUSTOM-FABRICATED		\$996.00			C
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$406.00			C
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$479.00			C
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$538.00			C
L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED		\$0.00			N/C
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED		\$1,101.33			C
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,CUSTOM-FABRICATED		\$1,404.00			C
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$854.00			C
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$792.00			C
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$1,088.00			C
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLEJOINTS		\$124.89			C
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK, KNEE JOINT		\$79.00			C
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT		\$111.00			C
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT,LERMAN TYPE		\$147.00			C
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM		\$245.29			C
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT		\$74.00			C
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGHFLANGE, AND PELVIC BELT		\$292.00			C
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT		\$49.00			C
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACHJOINT		\$74.00			C
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST,EACH JOINT		\$79.00			C
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS, AND PLATE ATTACHMENT		\$68.00			C
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT		\$39.66			C
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUPATTACHMENT		\$344.00			C
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP, (SCOTT-CRAIG TYPE)		\$187.00			C
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP		\$96.00			C
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("I" STRAP, PADDED/LINEDOR MALLEOLUS PAD		\$25.93			C
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION,PADDED/LINED		\$94.42			C
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT		\$370.00			C
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT),JOINTED, ADJUSTABLE		\$220.00			C
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT		\$50.85			C
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER		\$279.00			C
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL		\$354.00			C
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND		\$127.13			C
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL		\$228.83			C

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L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET MOLDED TO PATIENTMODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)		\$910.22			C
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK		\$35.19			C
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM		\$210.00			C
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLIDSTIRRUP		\$92.00			C
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT		\$134.00			C
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT		\$167.81			C
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT		\$137.29			C
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT		\$152.00			C
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE		\$105.00			C
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT		\$77.00			C
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OREQUAL), ANY MATERIAL, EACH JOINT		\$108.82			C
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACHJOINT		\$198.32			C
L2430	ADDITION TO KNEE JOINT, HATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION,EACH JOINT		\$126.00			C
L2435	ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, EACH JOINT		\$127.13			C
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING		\$50.85			C
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHTBEARING, RING		\$285.00			C
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDEDTO PATIENT MODEL		\$594.00			C
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM,CUSTOM FITTED		\$403.00			C
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROWM-L BRIM MOLDED TO PATIENT MODEL		\$1,122.54			C
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROWM-L BRIM, CUSTOM FITTED		\$726.64			C
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED		\$325.00			C
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENTMODEL		\$393.00			C
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF		\$313.00			C
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWOPOSITION JOINT, EACH		\$390.00			C
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING		\$497.00			C
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUSTBEARING, FREE, EACH		\$72.00			C
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUSTBEARING, LOCK, EACH		\$85.43			C
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH		\$80.34			C
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH		\$190.00			C
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION,EXTENSION, ABDUCTION CONTROL, EACH		\$230.77			C
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL,RECIPROCATING HIP JOINT AND CABLES		\$1,695.00			C
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIPJOINT AND CABLES		\$1,829.00			C
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL		\$186.00			C
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL		\$234.19			C
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH		\$87.00			C
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND		\$160.00			C
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS		\$186.00			C
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS		\$130.00			C
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR		\$68.00			C

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L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALLHYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT		\$115.00			C
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)		\$85.00			C
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR		\$115.38			C
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT		\$92.50			C
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR		\$75.00			C
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH		\$15.00			C
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP		\$63.05			C
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL		\$91.53			C
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD		\$63.00			C
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION		\$76.27			C
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION		\$85.00			C
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH		\$18.50			C
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH		\$48.00			C
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED		by report			C
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH		\$89.00			C
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH		\$27.00			C
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH		\$189.00			C
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH		\$115.00			C
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH		\$94.00			C
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH		\$0.00			N/C
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH		\$0.00			N/C
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH		\$0.00			N/C
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH		\$0.00			N/C
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH		\$0.00			N/C
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH		\$0.00			N/C
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT		\$9.00			C
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES		\$35.00			C
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES		\$34.00			C
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		\$0.00			N/C
L3170	FOOT, PLASTIC HEEL STABILIZER		\$31.30			C
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT		\$40.00			C
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD		\$40.00			C
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR		\$40.00			C
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT		\$40.00			C
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD		\$40.00			C
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD		\$52.00			C
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY		\$66.00			C
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY		\$0.00	by report		C
L3218	ORTHOPEDIC FOOTWEAR, LADIES SURGICAL BOOT, EACH	03/31/03	\$0.00			C
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD		\$0.00	by report		C
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY		\$67.00			C
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY		\$0.00	by report		C
L3223	ORTHOPEDIC FOOTWEAR, MENS SURGICAL BOOT, EACH	03/31/03	\$9.00			C

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L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE(ORTHOSIS)		\$43.00			C
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE(ORTHOSIS)		\$52.00			C
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY		\$0.00	by report		N/C
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE,EACH		\$0.00			N/C
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,EACH		\$0.00			N/C
L3254	NON-STANDARD SIZE OR WIDTH		\$0.00			N/C
L3260	AMBULATORY SURGICAL BOOT, EACH		\$12.00			C
L3265	PLASTAZOTE SANDAL, EACH		\$0.00			N/C
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH		\$0.00	by report		C
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH		\$24.00			C
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH		\$0.00	by report		C
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)		\$0.00			N/C
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH		\$0.00	by report		C
L3334	LIFT, ELEVATION, HEEL, PER INCH		\$0.00	by report		C
L3350	HEEL WEDGE		\$0.00			N/C
L3370	SOLE WEDGE, BETWEEN SOLE		\$0.00			N/C
L3390	OUTFLARE WEDGE		\$0.00			N/C
L3400	METATARSAL BAR WEDGE, ROCKER		\$14.00			C
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE		\$0.00	by report		C
L3430	HEEL, COUNTER, PLASTIC REINFORCED		\$0.00	by report		C
L3460	HEEL, NEW RUBBER, STANDARD		\$0.00	by report		C
L3480	HEEL, PAD AND DEPRESSION FOR SPUR		\$14.10			C
L3485	HEEL, PAD, REMOVABLE FOR SPUR		\$0.00	by report		C
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER		\$19.00			C
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL		\$14.30			C
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD		\$14.10			C
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE		\$14.00			C
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING		\$39.00			C
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT(RIVETON), BOTH SHOES		\$39.00			C
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED		\$0.00			N/C
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$40.00			C
L3651	SHOULDER ORTHOSID, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G.,NEOPRENE, LYCRA)					N/C
L3652	SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)					N/C
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS ANDWEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$89.00			C
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$70.00			C
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OREQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$141.43			C
L3700	ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$15.26			C
L3701	ELBOW ORTHOSID, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)		by report			C
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$51.71			C
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION,CUSTOM-FABRICATED		\$420.00			C
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXIONASSIST, CUSTOM-FABRICATED		by report			C
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCKWITH ACTIVE CONTROL, CUSTOM-FABRICATED		\$760.00			C

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L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED,INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE		\$403.03			C
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED		\$170.00			C
L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED		\$200.00			C
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTINGAND ADJUSTMENTS, ANY TYPE		\$201.50			C
L3810	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION (°C) BAR		\$61.00			C
L3815	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST		by report			C
L3820	WHFO, ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P.EXTENSION STOP		by report			C
L3825	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP		\$66.11			C
L3830	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST		by report			C
L3835	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST		by report			C
L3840	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB		by report			C
L3845	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITHM.P. STOP		by report			C
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST		\$127.13			C
L3855	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL		by report			C
L3860	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL ANDI.P.		by report			C
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLETORSION STYLE MECHANISM, EACH		\$274.00			C
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED		by report			C
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED		by report			C
L3902	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, COMPRESSED GAS, CUSTOM-FABRICATED		by report			C
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED		by report			C
L3906	WRIST HAND ORTHOSIS, WRIST GAUNTLET, CUSTOM-FABRICATED		\$250.00			C
L3907	WRIST HAND FINGER ORTHOSIS, WRIST GAUNTLET WITH THUMB SPICA, CUSTOM-FABRICATED		\$320.00			C
L3908	WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		\$40.00			C
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)		by report			
L3910	WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$218.15			C
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)		by report			
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		by report			C
L3914	WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDESFITTING/ADJUSTMENT		\$60.00			C
L3916	WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$91.00			C
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		\$29.49			C
L3920	HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT		by report			C
L3922	HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING ANDADJUSTMENTS, ANY TYPE		\$31.36			C
L3924	WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES FITTING ANDADJUSTMENT		by report			C

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L3926	WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3928	HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$38.00			C
L3930	WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$40.00			C
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$20.85			C
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3936	WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$50.00			C
L3938	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3940	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3942	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3944	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3946	HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$50.00			C
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3950	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3952	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$480.00			C
L3963	SHOULDER ELBOW WRIST HAND ORTHOSIS, MOLDED SHOULDER, ARM, FOREARM AND WRIST, WITH ARTICULATING ELBOW JOINT, CUSTOM-FABRICATED		\$1,337.08			C
L3964	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3965	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3966	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$169.84			C
L3968	FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION		\$614.74			C
L3970	SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM		by report			C
L3972	SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL		by report			C
L3974	SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR		\$47.80			C
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$210.00			C
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L3985	UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST HINGE, CUSTOM-FABRICATED		\$468.44			C
L3986	UPPER EXTREMITY FRACTURE ORTHOSIS, COMBINATION OF HUMERAL, RADIUS/ULNAR, WRIST, (EXAMPLE--COLLES' FRACTURE), CUSTOM FABRICATED		by report			C
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH		\$22.00			C
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED		by report			C



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L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)		by report			C
L4010	REPLACE TRILATERAL SOCKET BRIM		by report			C
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL		by report			C
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED		by report			C
L4040	REPLACE MOLDED THIGH LACER		by report			C
L4045	REPLACE NON-MOLDED THIGH LACER		\$323.38			C
L4050	REPLACE MOLDED CALF LACER		by report			C
L4055	REPLACE NON-MOLDED CALF LACER		\$218.94			C
L4060	REPLACE HIGH ROLL CUFF		by report			C
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		by report			C
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH		by report			C
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH		by report			C
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH		by report			C
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH		by report			C
L4130	REPLACE PRETIBIAL SHELL		by report			C
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES		by report			C
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS		by report			C
L4310	MULTI-PODUS OR EQUAL ORTHOTIC PREPARATORY MANAGEMENT SYSTEM FOR LOWER EXTREMITIES		\$398.00			N/C
L4350	PNEUMATIC ANKLE CONTROL SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$46.00			C
L4360	PNEUMATIC WALKING SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$200.00			C
L4370	PNEUMATIC FULL LEG SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$120.00			C
L4380	PNEUMATIC KNEE SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		by report			C
L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$150.00			C
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO		\$20.46			C
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT		\$14.94			C
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$120.00			C
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		\$60.00			C
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER		\$428.00			C
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER		\$1,120.00			C
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER		\$2,010.00			C
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT		\$2,196.00			C
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT		\$2,705.00			C
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT		\$1,920.00			C
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT		\$3,140.00			C
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT		\$3,200.00			C
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT		\$3,540.00			C
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION, KNEE, SHIN, SACH FOOT		\$2,725.00			C
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH		\$2,100.00			C
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH		\$2,500.00			C
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT		\$4,400.00			C
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT		\$6,100.00			C
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT		by report			C

DME HCPCS Code	HCPCS Code Description	Service End Date	ND Medicaid Fee Schedule (Purchase)	ND Medicaid Fee Schedule (Rental)	Quantity Allowed	C=Covered, N=non-Covered, R=rental
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT		\$5,900.00			C
L5300	BELOW KNEE, MOLDED SOCKET, SACH FOOT, ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING		\$2,272.90			C
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM		\$2,000.00			C
L5310	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SACH FOOT ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING		\$2,846.58			C
L5311	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM		\$3,008.00			C
L5320	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE, INCLUDING SOFT COVER AND FINISHING		\$3,211.71			C
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE		\$2,500.00			C
L5330	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING		\$5,124.66			C
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT		\$4,900.00			C
L5340	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING		by report			C
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT		\$4,900.00			C
L5400	DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE		\$1,000.00			C
L5410	DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT		\$300.00			C
L5420	DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION		\$1,300.00			C
L5430	DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT		\$390.00			C
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE		\$404.00			C
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE		\$470.00			C
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED		\$1,200.00			C
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL, SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED		\$1,543.00			C
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL		\$1,379.00			C
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED		\$1,205.00			C
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL		\$1,600.00			C
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET		\$1,405.00			C
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL		\$1,680.00			C
L5560	NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL		\$1,840.00			C
L5570	NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED		\$1,900.00			C
L5580	NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL		\$2,400.00			C
L5585	NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET		\$2,287.00			C
L5590	NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL		\$2,600.00			C
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL		\$3,800.00			C
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL		\$3,800.00			C

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L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM		by report			C
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL		\$1,895.00			C
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL		\$2,200.00			C
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL		\$1,480.00			C
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL		\$1,510.00			C
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH		\$420.00			C
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES		\$220.00			C
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE		\$150.00			C
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION		\$200.00			C
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE		\$250.00			C
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION		\$300.00			C
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY		\$300.00			C
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET		\$210.00			C
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET		\$432.00			C
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET		\$250.00			C
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET		\$240.00			C
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET		\$250.00			C
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET		\$250.00			C
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT		\$150.00			C
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET		\$425.00			C
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET		by report			C
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET		\$750.00			C
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET		\$680.00			C
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME		\$1,750.00			C
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET		by report			C
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME		\$938.00			C
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET		\$600.00			C
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET		\$800.00			C
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET		\$774.00			C
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET		\$1,675.00			C
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		\$435.00			C
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME		\$1,200.00			C
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		\$470.00			C
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET		\$684.00			C
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		\$180.00			C
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		\$220.00			C
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		\$300.00			C
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		\$325.00			C
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES		\$510.00			C

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L5662	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE, SILICONE GEL OR EQUAL	03/31/03	\$457.65			C
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE		\$420.00			C
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION		\$61.00			C
L5667	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTIONSUSPENSION WITH LOCKING MECHANISM		\$1,263.93			C
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION		\$58.00			C
L5669	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTIONSUSPENSION WITHOUT LOCKING MECHANISM		\$810.09			C
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION('PTS' OR SIMILAR)		\$300.00			C
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE, SUSPENSION LOCKINGMECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT		\$725.00			C
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION		\$320.00			C
L5674	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION, SLEEVE, ANY MATERIAL, EACH		\$55.00			C
L5675	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION, SLEEVE, HEAVY DUTY, ANYMATERIAL, EACH		\$76.00			C
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR		\$230.00			C
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR		\$380.00			C
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR		\$31.00			C
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED		\$420.00			C
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED		\$510.00			C
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP		\$38.00			C
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)		\$50.00			C
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING		\$53.00			C
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED		\$80.00			C
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT		\$118.00			C
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED		\$158.00			C
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION,NEOPRENE OR EQUAL, EACH		\$170.00			C
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE, DISARTICULATION, PELVIC JOINT		\$160.00			C
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE, DISARTICULATION, PELVIC BAND		\$50.00			C
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE, DISARTICULATION, SILESIANBANDAGE		\$80.00			C
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS		\$100.00			C
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL		\$2,400.00			C
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENTPLATE, MOLDED TO PATIENT MODEL		\$3,069.00			C
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TOPATIENT MODEL		\$4,500.00			C
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE		\$425.00			C
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE		\$825.00			C
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION		\$825.00			C
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION		\$1,029.00			C
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK		\$370.00			C
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHTMATERIAL		\$420.00			C
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCEPHASE CONTROL (SAFETY KNEE)		\$350.00			C
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWINGPHASE CONTROL		\$410.00			C
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASELOCK		\$830.00			C

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L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL		\$1,050.00			C
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL		\$790.00			C
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL		\$1,200.00			C
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL		\$1,425.00			C
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL		\$2,300.00			C
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATICS SWING PHASE CONTROL		\$950.00			C
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM		\$0.00			N/C
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY		\$0.00			N/C
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$450.00			C
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$425.00			C
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$584.00			C
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK		\$450.00			C
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL		\$780.00			C
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)		\$600.00			C
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK		\$3,140.00			C
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK		\$750.00			C
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL		\$1,005.00			C
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL		\$1,626.00			C
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL		\$1,790.00			C
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME		\$2,805.00			C
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL		\$2,805.00			C
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL		\$1,584.00			C
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATICS SWING PHASE CONTROL		\$3,400.00			C
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE		\$1,600.00			C
L5846	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY		\$4,800.00			N/C
L5847	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE		\$13,400.00			N/C
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE		\$0.00			N/C
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST		\$100.00			C
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST		\$340.00			C
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM		\$330.00			C
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM		\$300.00			C
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK		\$375.00			C
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME		\$3,000.00			C
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$555.00			C
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$698.00			C
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		\$820.00			C
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		\$650.00			C
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		\$908.00			C

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L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTERSURFACE COVERING SYSTEM		\$1,100.00			C
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE		\$3,070.00			C
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACHS FOOT		\$190.00			C
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE-STEP, BOCK DYNAMIC OR EQUAL)		\$300.00			C
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT		\$201.00			C
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT		\$400.00			C
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)		\$420.00			C
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT		\$250.00			C
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONEPIECE SYSTEM		\$1,838.00			C
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM		\$3,200.00			C
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL		\$2,600.00			C
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT		\$700.00			C
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT		\$510.00			C
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON		\$236.00			C
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)		\$745.00			C
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON		\$6,000.00			C
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE		\$1,625.00			C
L5989	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL SYSTEM, PYLON WITH INTEGRATED ELECTRONIC FORCE SENSORS		\$2,700.00			N/C
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT		\$1,400.00			C
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE (FOR PATIENT WEIGHT > 300 LBS)		\$0.00			By Report
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED		\$0.00			By Report
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)		\$1,100.00			C
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)		\$1,388.00			C
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)		\$1,200.00			C
L6025	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE		\$0.00			N/C
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD		\$1,700.00			C
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD		\$2,220.00			C
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD		\$1,700.00			C
L6110	BELOW ELBOW, MOLDED SOCKET, (MUNSTER OR NORTHWESTERN SUSPENSION TYPES)		\$1,800.00			C
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF		\$2,200.00			C
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF		\$3,100.00			C
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM		\$2,600.00			C
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM		\$3,200.00			C
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM		\$2,300.00			C
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM		\$3,500.00			C
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)		\$2,500.00			C
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)		\$1,580.00			C

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L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION,INTERNAL LOCKING ELBOW, FOREARM		\$3,874.00			C
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROTHESIS)		\$2,732.00			C
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)		\$1,790.00			C
L6380	DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONECAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW		\$580.00			C
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSINGINCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE,		\$790.00			C
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSINGINCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE,		\$1,300.00			C
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE ANDREALIGNMENT		\$350.00			C
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY		\$400.00			C
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETICTISSUE SHAPING		\$2,600.00			C
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFTPROSTHETIC TISSUE SHAPING		\$3,600.00			C
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETICTISSUE SHAPING		\$3,420.00			C
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFTPROSTHETIC TISSUE SHAPING		\$4,400.00			C
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFTPROSTHETIC TISSUE SHAPING		\$1,560.00			C
L6580	FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF,BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL		\$1,578.00			C
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTIONWRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN		\$1,618.00			C
L6584	FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLECONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL		\$1,647.00			C
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTIONWRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR		\$1,827.00			C
L6588	PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP,FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL		\$2,400.00			C
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALLSOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD		\$2,400.00			C
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR		\$158.00			C
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR		\$149.00			C
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR		\$150.00			C
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT		\$167.00			C
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT,EACH		\$55.00			C
L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT		\$280.00			C
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCHRELEASE		\$565.00			C
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK		\$469.00			C
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL		\$521.00			C
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION, COLLAR WITH COUPLINGPIECE, OTTO BOCK OR EQUAL		\$147.00			C
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST		\$190.00			C
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH		\$68.00			C
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW		\$182.00			C
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK		\$210.00			C
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW		\$0.00			N/C
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR		\$250.00			C

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L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE		\$121.00			C
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE		\$180.00			C
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH		\$278.00			C
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM		by report			C
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR		by report			C
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR		by report			C
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH		\$298.00			C
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA		\$64.00			C
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE		\$76.00			C
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING		\$38.00			C
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER		\$28.00			C
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE		\$165.00			C
L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF (8) EIGHT TYPE, FOR SINGLECONTROL		\$108.00			C
L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF (8) EIGHT TYPE, FOR DUAL CONTROL		\$132.00			C
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW		\$190.00			C
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW		\$250.00			C
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC		\$325.00			C
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET		\$509.00			C
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRISTDISARTICULATION		\$659.00			C
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOWDISARTICULATION		\$440.00			C
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION		\$775.00			C
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC		\$575.00			C
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH		\$320.00			C
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH		\$673.00			C
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE		\$2,500.00			C
L6700	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #3		\$593.00			C
L6705	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5		\$311.00			C
L6710	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5X		\$365.00			C
L6715	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5XA		\$392.00			C
L6720	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #6		\$975.00			C
L6725	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7		\$457.00			C
L6730	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7LO		\$614.00			C
L6735	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8		\$333.00			C
L6740	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8X		\$444.00			C
L6745	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #88X		\$406.00			C
L6750	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10P		\$391.00			C
L6755	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10X		\$378.00			C
L6765	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #12P		\$369.00			C
L6770	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #99X		\$382.00			C
L6775	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #555		\$420.00			C
L6780	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #SS555		\$447.00			C
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR EQUAL		\$390.00			C



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L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR EQUAL		\$1,100.00			C
L6800	TERMINAL DEVICE, HOOK-APRL VC, OR EQUAL		\$1,100.00			C
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT		\$305.00			C
L6806	TERMINAL DEVICE, HOOK, TRS GRIP, GRIP III, VC, OR EQUAL		\$1,450.00			C
L6807	TERMINAL DEVICE, HOOK, GRIP I, GRIP II, VC, OR EQUAL		\$1,130.00			C
L6808	TERMINAL DEVICE, HOOK, TRS ADEPT, INFANT OR CHILD, VC, OR EQUAL		\$1,077.00			C
L6809	TERMINAL DEVICE, HOOK, TRS SUPER SPORT, PASSIVE		\$400.00			C
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL		\$150.00			C
L6825	TERMINAL DEVICE, HAND, DORRANCE, VO		\$998.00			C
L6830	TERMINAL DEVICE, HAND, APRL, VC		\$1,500.00			C
L6835	TERMINAL DEVICE, HAND, SIERRA, VO		\$1,300.00			C
L6840	TERMINAL DEVICE, HAND, BECKER IMPERIAL		\$881.00			C
L6845	TERMINAL DEVICE, HAND, BECKER LOCK GRIP		\$734.00			C
L6850	TERMINAL DEVICE, HAND, BECKER PLYLITE		\$668.00			C
L6855	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO		\$895.00			C
L6860	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO SOFT		\$760.00			C
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND		\$317.00			C
L6867	TERMINAL DEVICE, HAND, DETROIT INFANT HAND (MECHANICAL)		\$830.00			C
L6868	TERMINAL DEVICE, HAND, PASSIVE INFANT HAND, (STEEPER, HOSMER OR EQUAL)		\$205.00			C
L6870	TERMINAL DEVICE, HAND, CHILD MITT		\$255.00			C
L6872	TERMINAL DEVICE, HAND, NYU CHILD HAND		\$1,000.00			C
L6873	TERMINAL DEVICE, HAND, MECHANICAL INFANT HAND, STEEPER OR EQUAL		\$401.00			C
L6875	TERMINAL DEVICE, HAND, BOCK, VC		\$644.00			C
L6880	TERMINAL DEVICE, HAND, BOCK, VO		\$503.00			C
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE		\$3,566.00			C
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINALDEVICE		\$2,650.00			N/C
L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE		\$150.00			C
L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE		\$500.00			C
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITHGLOVE, THUMB OR ONE FINGER REMAINING		\$1,317.00			C
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITHGLOVE, MULTIPLE FINGERS REMAINING		\$1,288.00			C
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITHGLOVE, NO FINGERS REMAINING		\$1,248.00			C
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FORABOVE		\$546.00			C
L6920	FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONECHARGER, SWITCH CONTROL OF TERMINAL DEVICE		\$6,980.00			N/C
L6925	FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONECHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE		\$7,460.00			N/C
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARMSHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH		\$7,313.00			N/C
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARMSHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER,		\$7,900.00			N/C
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERALSHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO		\$10,300.00			N/C
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERALSHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES,		\$11,700.00			N/C
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO		\$11,520.00			N/C

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L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO		\$13,663.00			N/C
L6960	OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE		\$13,900.00			N/C
L6965	OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE		\$15,200.00			N/C
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDERSHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK		\$15,500.00			C
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDERSHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK		\$3,133.00			C
L7010	ELECTRONIC HAND, OTTO BOCK, STEEPER OR EQUAL, SWITCH CONTROLLED		\$3,036.00			N/C
L7015	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED		\$5,042.00			N/C
L7020	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, SWITCH CONTROLLED		\$3,100.00			N/C
L7025	ELECTRONIC HAND, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$3,000.00			N/C
L7030	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$5,050.00			N/C
L7035	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$3,100.00			N/C
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED		\$2,400.00			N/C
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED		\$1,386.00			N/C
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED		\$5,300.00			N/C
L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$31,000.00			N/C
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED		\$5,500.00			N/C
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED		\$10,200.00			N/C
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$7,100.00			N/C
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED		\$10,180.00			N/C
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL		\$2,000.00			N/C
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM		\$3,730.00			N/C
L7266	SERVO CONTROL, STEEPER OR EQUAL		\$900.00			C
L7272	ANALOGUE CONTROL, UNB OR EQUAL		\$1,961.00			C
L7274	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL		\$5,850.00			N/C
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH		\$200.00			N/C
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL		\$294.00			N/C
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH		\$351.00			N/C
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL		\$410.00			N/C
L7499	UPPER EXTREMITY PROSTHESIS, NOS		\$279.00			C
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335) REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)		\$72.90			C
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS (EXCLUDES V5335) REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)		by report			C
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES		\$28.35			C
L7900	VACUUM ERECTION SYSTEM		\$540.00			C
L8000	BREAST PROSTHESIS, MASTECTOMY BRA		\$33.00			C
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL		\$111.29			C
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL		\$112.00			C
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE		\$50.00			C
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY		\$53.00			C
L8020	BREAST PROSTHESIS, MASTECTOMY FORM		\$176.00			C
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL		\$314.00			C

DME HCPCS Code	HCPCS Code Description	Service End Date	ND Medicaid Fee Schedule (Purchase)	ND Medicaid Fee Schedule (Rental)	Quantity Allowed	C=Covered, N=non-Covered, R=rental
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL		\$3,200.00			N/C
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED		by report			C
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$2,000.00			N/C
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$2,400.00			N/C
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$2,800.00			N/C
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$3,100.00			N/C
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$3,400.00			N/C
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$2,100.00			N/C
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$2,200.00			N/C
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		\$1,100.00			N/C
L8100	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH		\$20.14			C
L8110	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH		\$27.28			C
L8120	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH		\$26.23			C
L8130	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH		\$27.88			C
L8140	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH		\$34.43			C
L8160	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH		\$0.00			N/C
L8170	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH		\$0.00			N/C
L8180	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH		\$0.00			N/C
L8190	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH		\$0.00			N/C
L8195	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH		\$0.00			N/C
L8210	GRADIENT COMPRESSION STOCKING, CUSTOM MADE		\$0.00			N/C
L8220	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA		\$0.00			N/C
L8239	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED		\$0.00			N/C
L8300	TRUSS, SINGLE WITH STANDARD PAD		\$76.28			C
L8310	TRUSS, DOUBLE WITH STANDARD PADS		\$0.00			N/C
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD		\$0.00			N/C
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD		\$0.00			N/C
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH		\$10.17			C
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH		\$10.37			C
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH		\$20.65			C
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH		\$60.70			C
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH		\$12.46			C
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH		\$19.32			C
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH		\$16.70			C
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH		\$28.27			C
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH		\$33.56			C
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH		\$38.73			C
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH		\$7.85			C
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH		\$9.74			C
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH		\$9.24			C
L8490	ADDITION TO PROSTHETIC SHEATH/SOCK, AIR SEAL SUCTION RETENTION SYSTEM		\$110.47			C
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES		by report			C
L8500	ARTIFICIAL LARYNX, ANY TYPE		\$313.24			C
L8501	TRACHEOSTOMY SPEAKING VALVE		\$95.92			C
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH		\$37.16			C
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE		\$96.88			C
L8510	VOICE AMPLIFIER		\$224.20			C
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL		\$0.00			N/C

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L8610	OCULAR IMPLANT		\$688.00			C
L8612	AQUEOUS SHUNT		\$593.00			C
L8613	OSSICULAR IMPLANT		\$225.00			C
L8614	COCHLEAR DEVICE/SYSTEM		\$17,127.00			C
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT		\$7,352.00			C
L8630	METACARPOPHALANGEAL JOINT IMPLANT		\$355.19			C
L8641	METATARSAL LOINT IMPLANT		\$374.30			C
L8642	HALLUX IMPLANT		\$245.01			C
L8658	INTERPHALANGEAL LOINT IMPLANT		\$326.35			C
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT		\$446.41			C
P3000	Screen pap by tech w md supvsCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY		\$14.60			C
P9604	SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT;PRORATED TRIP CHARGE.		\$3.00			C
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICALOR VAGINAL SMEAR TO LABORATORY		\$7.62			C
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT		\$7.00			C
Q0136	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS		\$11.62			C
Q0163	ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETICAT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN		\$10.80			C
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE		\$20.00			C
Q9920	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 20 OR LESS		\$12.50			C
Q9921	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 21		\$12.50			C
Q9924	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 24		\$12.50			C
Q9925	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 25		\$12.50			C
Q9927	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 27		\$12.50			C
Q9928	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 28		\$12.50			C
Q9930	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 30		\$12.50			C
Q9932	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 32		\$12.50			C
Q9933	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 33		\$12.50			C
Q9935	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 35		\$12.50			C
Q9936	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 36		\$12.50			C
Q9937	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 37		\$12.50			C
Q9938	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 38		\$12.50			C
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSINGHOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN		\$45.97			C
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE		\$0.00			
S4505	NO TRANSPORT		\$80.00			C
T2005	STRETCHER VAN		\$0.00			
V2020	FRAMES, PURCHASES		\$16.00			C
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS					
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS					
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS					
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO2.00D CYLINDER, PER LENS					
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO4.00D CYLINDER, PER LENS		\$4.50			C
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO6.00D CYLINDER, PER LENS		\$3.00			C
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00DCYLINDER, PER LENS					
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,.12 TO 2.00D CYLINDER, PER LENS					
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00DSPHERE, 2.12 TO 4.00D CYLINDER, PER LENS					

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V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS					
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS		\$1.75			C
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS					
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS					
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION					
V2116	LENTICULAR LENS, NONASPHERIC, PER LENS, SINGLE VISION					
V2117	LENTICULAR, ASPHERIC, PER LENS, SINGLE VISION					
V2118	ANISEIKONIC LENS, SINGLE VISION					
V2124	POLYCARB LENS		\$9.50			C
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS					
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS					
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS					
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS					
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS		\$10.50			C
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS					
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS					
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS					
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS					
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS					
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS					
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS					
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL					
V2216	LENTICULAR, NONASPHERIC, PER LENS, BIFOCAL					
V2217	LENTICULAR, ASPHERIC LENS, BIFOCAL		\$22.00			C
V2218	ANISEIKONIC, PER LENS, BIFOCAL					
V2219	BIFOCAL SEG WIDTH OVER 28MM					
V2220	BIFOCAL ADD OVER 3.25D					
V2224	POLYCARB BIFOCAL		\$13.00			C
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS					
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS					
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS					
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS					
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS		\$14.30			C
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS					
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS					
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS					
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS					

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V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,4.25 TO 6.00D CYLINDER, PER LENS					
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,OVER 6.00D CYLINDER, PER LENS					
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,.25 TO 2.25D CYLINDER, PER LENS					
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,2.25 TO 4.00D CYLINDER, PER LENS					
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,4.25 TO 6.00D CYLINDER, PER LENS					
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS					
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL					
V2316	LENTICULAR NONASPHERIC, PER LENS, TRIFOCAL					
V2317	LENTICULAR, ASPHERIC LENS, TRIFOCAL					
V2318	ANISEIKONIC LENS, TRIFOCAL					
V2319	TRIFOCAL SEG WIDTH OVER 28 MM					
V2320	TRIFOCAL ADD OVER 3.25D					
V2324	POLYCARB TRIFOCAL		\$16.20			C
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS					
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS		\$22.00			C
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS					
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS					
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS					
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS					
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS					
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS					
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS					
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS					
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS		\$0.00			
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS		\$0.00			
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS					
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS					
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)					
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,SEE 92325)					
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS		\$0.00			
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM		\$719.34			C
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS		\$58.64			C
V2625	ENLARGEMENT OF OCULAR PROSTHESIS		\$0.00			N/C
V2626	REDUCTION OF OCULAR PROSTHESIS		\$0.00			N/C
V2627	SCLERAL COVER SHELL		\$0.00			N/C
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER		\$304.19			C
V2700	BALANCE LENS, PER LENS					
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS		\$46.50			C
V2715	PRISM, PER LENS		\$2.00			C
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS		\$7.75			C
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS					
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS					
V2741	TINT, PLASTIC, OTHER THAN ROSE 1-2, PER LENS		\$1.25			C
V2742	TINT, GLASS ROSE 1 OR 2, PER LENS					
V2743	TINT, GLASS OTHER THAN ROSE 1 OR 2, PER LENS					
V2744	TINT, PHOTOCHROMATIC, PER LENS		\$4.65			C
V2750	ANTI-REFLECTIVE COATING, PER LENS					
V2755	U-V LENS, PER LENS		\$1.50			
V2760	SCRATCH RESISTANT COATING, PER LENS		\$1.75			C
V2770	OCCLUDER LENS, PER LENS					

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V2780	OVERSIZE LENS, PER LENS		\$1.50			C
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE		\$0.00			
V2799	VISION SERVICE, MISCELLANEOUS		\$2.25			C
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID		\$0.00			N/C
V5014	REPAIR/MODIFICATION OF A HEARING AID		\$0.00			C, I
V5020	CONFORMITY EVALUATION		\$20.00			C
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION		\$400.00		Q 5 yr	C, I
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION		\$400.00		Q 5 yr	C, I
V5050	HEARING AID, MONAURAL, IN THE EAR		\$400.00		Q 5 yr	C, I
V5060	HEARING AID, MONAURAL, BEHIND THE EAR		\$400.00		Q 5 yr	C, I
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID		\$350.00			C
V5110	DISPENSING FEE, BILATERAL		\$350.00			C
V5130	BINAURAL, IN THE EAR		\$400.00ea		Q 5 yr	C, I
V5140	BINAURAL, BEHIND THE EAR		\$400.00ea		Q 5 yr	C, I
V5160	DISPENSING FEE, BINAURAL		350.00ea			C
V5180	HEARING AID, CROS, BEHIND THE EAR		\$400.00		Q 5 yr	C, I
V5220	HEARING AID, BICROS, BEHIND THE EAR		\$400.00ea		Q 5 yr	C, I
V5240	DISPENSING FEE, BICROS		350.00ea			C
V5265	EAR MOLD INSERT, DISPOSABLE, ANY TYPE		\$45.00ea			C
V5266	BATTERY FOR USE IN HEARING DEVICE		\$1.50ea		4/mo NH pays own	C
V5267	HEARING AID SUPPLIES/ACCESSORIES		\$0.00			By Report
V5299	HEARING SERVICE, MISCELLANEOUS		\$0.00			By Report
Z2097	FRAME AND FRONT REPLACEMENT.		\$10.50			C
Z2206	REPLACEMENT OF FRAMES WITHIN ONE YEAR OF ORIGINALDATE OF SERVICE.		\$30.00			C